

Prevention Research Centers Slides

Slide 1

Good afternoon, and welcome to the webinar for the Health Promotion and Disease Prevention Research Centers funding opportunity RFA-DP14-001.

My name is Jo Anne Grunbaum and along with Michele Hoover will present the first part of the webinar. We are both with CDC's Prevention Research Centers Program. Other presenters include Chris Langub from the Extramural Research Program Operations and Services group, Rose Mosly from TIMS, and Lucy Piccolo from the Procurement and Grants Office.

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The agenda for today's webinar is as follows:

- An overview and some highlights of the FOA.
- Some information on the content of the proposals.
- The review process.
- Some specifics about submitting your proposal through Grants.Gov.
- Time for questions and answers.

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Before we get started with the agenda, let me go over some general information about this webinar:

- The slides and script will be posted on the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Web site as well as the PRC FOA information Web site.
- There is real time captioning available on the link listed on the slide.
- Some questions that have already been submitted to the PRC FOA mailbox are posted on the NCCDPHP Web site. Others are in the review process and should be on the Web site shortly.
 - A link to that site is also available from the PRC FOA information Web site.
- We will have time to address questions at the end of the presentations. To ensure that we address all questions, please write down your questions, so if we aren't able to answer them during this webcast, they can be submitted to the PRCFOA@cdc.gov mailbox
- We will reference the amended FOA throughout the session so it will be helpful to have a copy handy.

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We are now going to provide information related to FOA—DP14-001.

We will discuss the following:

- Purpose of the FOA.
- Expectations of the FOA.
- Timeline.

- Letter of Intent.
- Eligibility.
- Budget.

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The purpose of this FOA is to support a network of Health Promotion and Disease Prevention Research Centers, also known as PRCs, which is how I will refer to them throughout this presentation.

The FOA will support PRCs to conduct applied public health prevention research. The applied research approaches include intervention and dissemination research, public health practice-based research, and intervention research that can include behavioral interventions, environmental, or system-wide solutions and strategies that address major causes of disease and disability.

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In addition, the research activities should focus on addressing underserved, minority, and other populations with diseases, health hazards, and risk factors which are most amenable for health promotion and disease prevention interventions.

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Funded PRC are expected to address the PRC aims which are listed on pages 5–6. The aims are to—

1. Establish, maintain, and operate multi-disciplinary academic-based centers that conduct high-quality applied health promotion and disease prevention research.
2. Improve public health practice through applied prevention research.
3. Apply the knowledge and expertise of academic health centers to address practical public health problems.

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4. Design, implement, evaluate, and disseminate cost-effective methods and strategies for health promotion and disease prevention at the tribal, territorial, state, or local level.
5. Shorten the time lag between the development of new and proven effective disease prevention and health promotion strategies and interventions and their widespread application; and
6. Involve health departments and other community partners in the development, implementation, evaluation, and dissemination of one applied public health prevention research project.

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- To achieve these Aims the funding provided by this FOA will be used:

1) To support the development of a comprehensive prevention research center, which is referenced in the FOA as the Center Core and

2) To support one applied public health prevention research project referenced in the FOA as the Applied Public Health Prevention Research Project.

- I will provide additional information on the Center Core and the Applied Public Health Prevention Research Project in the next couple of slides.
- The intent of this FOA is to fund applications that demonstrate **both** high capacity to establish a **comprehensive prevention research center** and the ability **to conduct high quality public health research**.
- Please note that etiological research will **not be supported** for the applied public health prevention research project.
- Let me now provide a broad overview of what is included in the Center Core and the Applied Public Health Prevention Research Project of the FOA. I encourage you to read the entire Approach section starting on page 12 of the FOA which outlines in detail the expectations for the Center Core and the Applied Public Health Prevention Research Project.

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The Center Core will provide support and build the capacity for applied public health prevention research and public health practice. The Center Core should be able to support the following key elements and activities: infrastructure and administration; community engagement, partnerships and technical assistance; communication and dissemination; training; and evaluation. I will provide a general description of each element:

- **Infrastructure and administration:** You should provide evidence of institutional commitment to accomplish the PRC's goals and objectives. The Principal Investigator (PI) should be a strong leader and the PRC is expected to build partnerships and have the expertise to provide technical assistance, support additional research projects, and other activities to accomplish the PRC center goals and objectives and to strengthen the center's ability to leverage additional funds to support their mission.
- **Community engagement, partnerships, and technical assistance:** PRCs will be expected to collaborate with tribal, territorial, state, or local health departments to provide technical assistance and expertise to develop, enhance, or improve public health practice, programs, or activities. PRCs also will be expected to establish a community committee with defined roles, responsibilities, guidelines, and procedures that reflects the community where the research project will occur.
- **Communication and dissemination:** PRCs will be expected to establish a communication plan that integrates all PRC Center Core and research activities. The plan should include the development of a Web site and electronic and print materials that describe and promote the PRC's research, activities, products, and resources. In addition, the PRC should include a publication plan to ensure timely reporting of research methods and results in the peer-reviewed scientific literature.

- **Training:** Training activities should strengthen the capacity of health practitioners, students, community members, and partner organizations to provide technical assistance, improve public health programs and activities, or conduct high quality applied public health research. **Note:** No more than 5% of the total approved PRC budget (direct and indirect costs) should be allocated to training activities. **Large Scale Public Health Training Programs that require more than the 5% of total approved PRC budget will not be supported through this FOA.**
- **Evaluation:** Each PRC is expected to develop and implement an evaluation plan to include SMART goals and objectives. The goals and objectives should demonstrate how the PRC activities contribute to specific outcomes.

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The funding for the PRC should also support one applied public health prevention research project to address an evidence gap in public health research in one of three broad categories:

- **Dissemination and implementation research** that translates and adapts research results into practice settings while maintaining efficacy and fidelity, increasing the reach of evidence-based interventions to broader populations or settings;
- **Public health practice-based research** that employs the systematic inquiry of systems, methods, policies, and programmatic applications of public health practice to provide evidence, where insufficient evidence exists, of the efficacy or effectiveness of practice-based strategies that are sustainable and potentially scalable; or
- **Intervention research** that addresses a clear gap in the evidence of the efficacy or effectiveness of health promotion or disease prevention strategies for a particular group (e.g., racial or ethnic), community (e.g., rural), or fills a major evidence gap identified in each review found in the Guide to Community Preventive Services, or as outlined in the 2012 or 2013 Community Preventive Services Task Force Annual Report to Congress. References for these documents are provided in the reference list in the FOA.

Applicants proposing to develop a *new intervention* should provide a strong rationale for the intervention and demonstrate that there is an evidence gap and need for the intervention in the partner community.

As was stated earlier, etiological research will **not be supported** for the applied public health prevention research project.

Please note that **at least 50% of the funding** (both direct and indirect costs) should be used to support the applied public health research project. The plan for the research project should describe activities and plans to ensure the intended and sustained effect of the project continues after funding from this FOA has ended.

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The expectations of the FOA are that the applied public health research project will align with one of the following HHS/CDC priorities:

- CDC's Winnable Battles, which cover health topics of HIV, motor vehicle injuries, nutrition, physical activity and obesity, teen pregnancy, and tobacco.
- The NCCDPHP strategic priorities of—
 - Well-being.
 - Health equity.
 - Research translation.,
 - Development, evaluation, and dissemination of environmental and systems-wide solutions and strategies to address public health problems.
 - Workforce development to support applied prevention research to develop sustainable and transferable community-based interventions.
- The NCCDPHP domains of—
 - Epidemiology and surveillance.
 - Environmental approaches that promote health and support and reinforce healthful behaviors.
 - Health system interventions to improve the effective delivery and use of clinical and other preventive services.
 - Strategies to improve community-clinical linkages.
- The National Prevention Strategy which has four strategic directions and seven targeted priorities.

In addition, this FOA will align and contribute to the health promotion and disease prevention objectives of *Healthy People 2020*.

There are references in the FOA for all of these priority areas.

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This slide provides the timeline for submission of applications.

Your Letter of Intent is due on **August 9, 2013**. The next slide provides detailed information on the content of the Letter of Intent.

The application submission date is **September 16, 2013**.

- Please be aware that on-time submission requires that applications be error-free and successfully submitted to Grants.Gov and validated no later than **5:00** p.m. Eastern time. Let me repeat, applications must be submitted and validated no later than 5:00 p.m., (EST).
- Please NOTE: HHS/CDC grant submission procedures **do not** provide a period of time beyond the application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.Gov or eRA systems (for example, an error correction window).
- Section IV, Application and Submission Information, starting on page 25 of the FOA, has information about Application Processing. Information specifically related to Submission Dates and Times can be found under #9 on page 34.

The Review process has two components:

- The Scientific Merit Review that will take place in November 2013 and
- The Secondary Review will be conducted in January 2014.

The anticipated Start Date (award date) is September 30, 2014.

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- The Letter of Intent (also know as an LOI) is not binding and is not considered in the review of the application.
- The information contained in the LOI allows CDC staff to plan for the review process.
- The Letter of Intent must include—
 - Number and title of this funding opportunity.
 - Name of the applicant.
 - The title of the proposed research project should be as descriptive as possible and include the specific topic(s) (for example, diabetes, cardiovascular disease, cancer, etc.) in accordance with the purpose and priorities of the FOA.
 - Type of research proposed—
 - Dissemination and implementation.
 - Public health practice-based research.
 - Intervention.
 - Name, address, and telephone number of the PI.
 - Names of other key personnel.
 - Participating institutions.

The Letter of Intent MUST BE EMAILED TO: prcfoa@cdc.gov

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Who is eligible to submit a proposal?

In accordance with statutory authority that established the PRC Program, the following institutions are eligible to apply for funding under FOA DP 14-001:

- Accredited schools of public health.
 - Eligible **schools** of public health must be accredited by the Council on Education in Public Health (CEPH).
- Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program from the Accreditation Council for Graduate Medical Education (ACGME).

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- An institution can submit, or be part of, only one application.

- Applications can include more than one PI; however, the PI/PRC Director who submits the application will be responsible for all activities conducted under the FOA and will be listed as the “contact PI” for all correspondence.

Now that we have covered eligibility, let’s move on to what is necessary for submitting a proposal.

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- I will turn this over to Michele Hoover.

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Moving on to Budget

- We anticipate making 25–30 awards.
- Individual PRC awards will be approximately \$900,000 which includes both direct and indirect costs for the first 12-month period.
- The actual amount awarded is based on availability of funds.
- The project period will be 5 years and run from 09/30/2014 to 09/29/2019.

NOTE: Applications submitted that exceed \$900,000 will not be reviewed.

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Detailed Budget and Justification.

- The budget and justification should be specific to the PRC center and the applied public health research activities.
- The **total budget** for the application should be reflected on the Face Page.
- A cumulative budget, which (includes both the center and the applied public health research project should be submitted using the Research and Related Budget preparation instructions starting on Page I-74 of the 424 R&R Application Guide.
- A separate budget, prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project.
- We recommend that the separate budgets for the two components be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component.
- Appendix C of the FOA provides an example of a detailed budget.

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Prepare all applications using the instructions outlined on pages 25–34 of the FOA. The required Research and Related (R&R) Forms of the proposal include the following:

- Project/Performance Site Locations.
- Research and Related Information which includes—
 - The Senior or Key Person.
 - The 424 R&R Budget Component including—
 - Detailed Budget and Justification for both Center Core and Research. Project, this information can be included as an Appendix.
 - Research and Related Sub-award Budget Attachments Form.

- CDC uses ONLY the detailed Research and Related Budget. Do not use the PHS 398 Modular Budget.

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- Embedded within the SF 424 are components labeled as PHS 398 forms. Information is provided on page 27 of FOA.
- Please assure that you are using the version of these 398 forms found on the NIH Web site under SF424 (R&R) Application Guide Forms.
- Required components labeled as PHS398 include the following:
 - 398 Cover Page Supplement.
 - 398 Project Summary—I will cover this in more detail on the next slide.
 - 398 Research Plan and Timeline.
 - 398 Checklist.

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The following information listed under PHS 398 Project Summary on page 27 of the FOA should be included in the Project Summary on the R & R “Other Project Information.”

- The Project Summary provides a succinct and accurate description of the Proposed PRC. It should include—
 - The specific aims and long term objectives of the PRC.
 - The health problem to be addressed by the applied public health prevention research project.
 - A description of the research project including the type of research, research design, objectives, and methods to be used.
 - Which of the following areas are addressed in the application—CDC winnable battles, NCCDPHP strategic priorities, NCCDPHP Domains, or the National
 - Prevention Strategy.

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In addition to the instructions provided in the 424 R &R, we will now highlight some of the other key components that should be included in the research strategy component of the Research Plan.

The entire research strategy component of the Research Plan is limited to a total of 25 pages.

- The Center Application content is limited to 10 and should include information outlined on pages 29–31 of the FOA.
- The Applied Public Health Prevention Research Project content is limited to 10 and should include information outlined on pages 31-33 of the FOA.

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Appendices may be included to provide additional information, but do not use the appendix to circumvent page limits.

Appendices may not exceed 15 PDF files with a maximum of 50 pages for all appendices.

Information that can be included in the Appendix is identified in the FOA and is outlined on page 32. This includes—

- A work plan and implementation timeline for each key element of the center and the research project.
- **In addition to the list of publications in PI's Biosketch the Appendix can include—**
 - Up to three published manuscripts that are not publicly available, which means they are -Accepted but not published or published but an online link is not available.
 - Publicly accessible documents include a URL or PubMed Central ID number with a full citation.
 - Do not include unpublished thesis or abstracts/manuscripts that have been submitted, but not yet accepted, for publication.
- Surveys, questionnaires, other data collection instruments, clinical protocols, and consent documents.
- Intervention materials and protocols.
- IRB Documentation: Plan for IRB approval, a well-developed draft of an IRB protocol, or evidence of exemption from IRB approval.

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After an initial peer review, recommended applications will receive a second level of review. These are the criteria that will be used in the secondary review that (ERPOS) will describe in the next section and considered when making the funding decisions.

- Scientific merit as determined by peer review.
- Availability of funds.
- Relevance and balance of proposed research topics relative to program priorities.
- Research addresses underserved and minority populations.
- Signed MOU, MOA or letter of support with a tribal, territorial, state or local health department.
- Given limited funding, selected PRCs will ensure a wide geographic distribution of awards.

Extramural Research Program Operations and Support

Slide 1

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- The Stages of the scientific merit review process are (1) the initial merit review by the Special Emphasis Panel (SEP) composed primarily of nonfederal scientists external to CDC who have expertise in Center-relevant scientific disciplines and proposed research areas, and (2) the secondary review committee (SRC) composed of senior agency staff.

- This process is modeled after the NIH peer review and is guided by the CDC Peer Review Policy.
- The process ensures review based on: (1) scientific and technical merit, and (2) alignment with program priorities and relevance.

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- The initial scientific merit review is done by (SEP) members who are recognized experts from a range of key disciplines in public health. The goals are to be fair, objective, and transparent. The SEP members are tasked to (1) evaluate the scientific merit of each application against the intent and provisions in the FOA, (2) provide scientific and programmatic suggestions to the PIs, and (3) review human subjects protections, inclusion of minorities, and budget.
- The peer review will be conducted according to HHS/CDC policy; it includes review of each application by at least 3 reviewers. Each reviewer will provide a preliminary critique, individual criterion scores, and an overall impact score for each application reviewed.

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- The scientific merit review evaluation criterion follows the standard CDC and NIH peer review. These include overall impact, significance, investigators, innovation, environment, budget and data sharing plan, protection for human subjects, and inclusion of women, minorities and children.
- Budget and data sharing plan are not scored.

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- The NCCDPHP PRCO anticipates receipt of numerous applications to be reviewed by appointed reviewers. All responsive applications will be reviewed. The preliminary overall impact scores are obtained prior to review meeting and serve as the basis for the streamlining process.
- To facilitate the review process, the intention is to discuss the top 45 applications. These will be further discussed and reviewed by the panel.
- Streamlining allows the SEP to focus discussion on the most competitive applications, i.e., those with the highest quality, providing more of the panel's time to judge and discriminate between potentially successful applications and ensuring an accurate rank-order list.
- The standard streamlining process will be applied to ensure that the 45 applications deemed to have the highest scientific and technical merit will be discussed by the review panel and an overall impact/priority score will be assigned.
- Again, all responsive applications will be reviewed. The top 45 applications will have further discussion and review. These 45 will receive a final overall impact score, using standard peer review procedures.

- Those applications not discussed by the full panel will not receive an overall impact score but will receive a summary statement with the reviewer's critiques.

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- The Secondary Review Committee is the next stage of the CDC peer review process.
- The SRC comprises CDC senior staff and experts outside of the sponsoring program without conflicts of interest. They examine the Scientific Merit Review scores and Summary Statements in light of the intent of the FOA and the application's alignment with CDC goals, priorities, and published funding preference. They provide input to the center and sponsoring program for decisions about awards.

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- Every applicant will receive a Summary Statement that contains either the Priority score or Not Discussed (ND). It will have the Reviewer Critiques with criterion scores and Panel Roster. The intent of the FOA is to fund 25–30 awards.
- Those applicants selected for funding will receive a Notice of Award from PGO.
- Applicants not selected for funding will be notified by letter.

Procurement and Grants Slides (TIMS)

Slide 1

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Slide 2

- Good Afternoon and hello.
- I am the Technical Information Management Section (TIMS) Liaison for CDC's National Center for Chronic Disease Prevention and Health Promotion.

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Our Agenda entails six focus areas:

1. The Funding Opportunity.
2. Systems Registration.
3. Application Submission.
4. Tracking.
5. Troubleshooting.
6. Additional Resources.

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- We the Technical Information Management Section under the Procurement and Grants Office (PGO) at CDC, are a team that answers and refers public inquiries about CDC's funding opportunities.
- You may have contacted us before regarding eligibility, (SAM), your Grants.Gov account etc., believing that we are the same as many of the US federal systems you're required to use. However, please note that while we partner with these other systems, we are CDC and not Grants.Gov or anyone else.
- We can help you find out what you need to do, where you need to go, and what some requirements are however, if we do not know an answer, we will refer you to someone who can help.

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Registration Comprises Information from 4 Systems:

1. You'll start by obtaining a DUNS number.
2. This is required to register in the SAM.
3. Registering with SAM will allow you to designate an E-Business POC and create a Marketing Personal ID Number given by SAMS to log in Grants.Gov.
4. The Authorized Organization Representative_(AOR) must set up an account in Grants.Gov to submit the application on behalf of the organization through Grants.Gov. To register, the AOR must use the DUNS # and obtain a username and password; then the E-Biz POC must also log-in using the DUNS and MPIN (as initial password) to approve the AOR (E-Biz will be prompted to create a new password).

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•Register Early! Registration is a multi-step process that can take up to 8 weeks or more and MUST be completed before the submission deadline.

•Organizations must be registered with SAM, Grants.Gov and eRA Commons. Additionally the SAM registration must be renewed annually. Organizations should be sure to complete the renewal process well in advance of any submission date that is close to their renewal date.

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If you already have a EIN/Employer Identification Number, your SAM registration will take 3–5 business days. If you are applying for an EIN your registration allow up to 2 weeks.

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Now that you've completed SAM registration, you'll have the individuals designated to submit on behalf of the organization to register with Grants.Gov. The individuals must create a profile and create their username and password.

AORs must wait one business day after organization is registered in SAM before setting up profile in Grants.Gov.

Grants.Gov: Key Players

1. The Designee Submitting on Behalf of Organization

Individual registers in Grants.Gov using organization's DUNS number to become an AOR.*

2. The E-Business Point of Contact (E-Biz POC)

- ✓ Was assigned during SAM registration process (and should have a back-up E-Biz POC).
- ✓ Receives an email stating an individual is attempting to register with the organization's DUNS as an AOR.
- ✓ Logs into Grants.Gov using MPIN & DUNS (will be asked to create a new password).
- ✓ Authorizes the AOR, enabling him/her to submit for organization.

*An organization may have more than one AOR.

Note: Account set-up and approvals occur within a 24-hour timeframe. E-Biz has to log-in!

**AOR and E-Biz can be the same, but must authorize him/herself.

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August 1, 2013

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Slide 18

You receive three notifications from Grants.Gov:

Confirmation of Receipt.

Validation Status.

Successful Download.

1. The Confirmation of Receipt: Grants.Gov has received your application.
2. The Validation Status: States whether your application has passed validation and has been forwarded to the agency OR whether errors were found that must be addressed prior to being accepted and made available for us to download. If your application has no errors, it has been forwarded to the agency for processing.
3. Successful Download: We have successfully downloaded your application.

You receive the “Successful Download” notification e-mail from Grants.Gov after TIMS has downloaded your application.

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When you “submit...”

Your application is submitted to Grants.Gov, not yet to CDC (TIMS).

Applications aren’t submitted to CDC’s Grants.Gov account until it has completed the validation process. The process can take up to 48 hours.

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Think of flying on a trip, you want to arrive early to make sure your airline ticket and luggage receive the seal of validation.

1. You must arrive early and allow adequate time for processing.
2. Luggage has to go thru a scanning process for validation.
3. Once your piece(s) of luggage is validated, you're welcome to board.

Applications aren't submitted to CDC's Grants.Gov account until it has completed the validation process. The process can take up to 48 hours.

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No text, read only.

Slide 22

When you "submit..."

Your application is submitted to Grants.Gov, not yet to CDC (TIMS).

Applications aren't submitted to CDC's Grants.Gov account until it has completed the validation process. The process can take up to 48 hours.

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You receive three notifications from Grants.Gov:

3RD NOTIFICATION.....YOUR APPLICATION HAS BEEN RECEIVED AND HAS MOVED INTO THE eRA Commons System.

Where it still goes thru a validation process.....if errors are found, you will be notified via email by eRA Commons.

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Plan Properly to Make the Deadline Date

Slide 25

No text, read only.

Slide 26

You receive three notifications from Grants.Gov:

Submission: which provides the tracking #.

Validation Status: states whether errors where found.

Grantor Agency Retrieval Receipt: application has been received by Grants.Gov.

It's not over, still has to go thru eRA Commons.

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To track your application quickly, enter the submission tracking number under “Track My Application” on the Grants.Gov homepage.

You will be able to view the submission status, the date and time of submission and the funding opportunity number.

Effective 7/31/2013 Grants.Gov has incorporated a new look!!

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Slide 29

Here are some examples of the types of error messages you may receive. These are the error messages that we most often hear that applicants encounter—

Types of Registration Errors:

- Unregistered applicant.
- Unapproved submitter for organization (unapproved Authorized Organization Representative status).
- Incomplete registration (with CCR, Grants.Gov or both).
- Invalid information provided.
- Invalid DUNS number (Applicant's DUNS doesn't match organization's DUNS).
- Others.

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While completing your application and submitting it, we understand that sometimes unexpected problems can occur. We want you to be able to recognize the problems you can address, and know what to do in the event you encounter extenuating circumstances: CONTACT US! ☺

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Key Dynamics That Result in Successful Registration and Submission

1. Completion of the entire registration process (make sure you complete the entire process so you can submit your application.)
2. 2. Following-up after each step to ensure submitted information is correct, up-to-date, and moving forward successfully.

Procurement and Grants Slides (TIMS)

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Title slide, no text.

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- Eligibility questions.
- Q&As are for guidance only; no eligibility determinations should be provided.
- Question responses should only provide the language of the FOA; no additional information or interpretations.

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Budget guidance for two separate budgets (Center/Research Project)—

- a. Question received: The RFA-DP-14-001, calls for a detailed budget for the center and a detailed budget for the proposed public health research project. How can I do this in electronic submission?
- b. Answer: In Section IV. Application and Submission Information, 4. Required and Optional components, supplemental instructions for preparing the SF242(R&R) for the Health Promotion and Disease Prevention Research Centers: the FOA requires “the funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget, prepared using CDC guidelines, is requested for (1)

the center and (2) the proposed public health research project.” It is recommended that a cumulative budget (including both the center and the research project) be submitted using the Research and Related Budget preparation instructions starting on Page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate budgets for the two components be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component.

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DUNS numbers/multiple entities within one institution—

- a. Question received: if a “school” within an institution has a separate DUNS number, can they apply separately from other “schools” within the institution?
- b. Answer: Section III. Eligibility Information section of the FOA provides the eligibility criteria....Applicants should review carefully to determine if they meet the criteria as stated. It is recommended that applicants coordinate with their authorized organization representative to ensure they are meeting the submission requirements.