



Low Barrier Technology Interventions for HIV Prevention and Care

Request for Proposals (RFP), 2024

Important Dates

RFP Release Date:	Monday, April 1, 2024
Webinar for Applicants:	Thursday, April 25, 2024, 12:00 Noon (will be recorded)
Questions Due:	Extended: Now due Thursday, May 9, 2024, 12:00 Noon Was Thursday, May 2, 2024, 12:00 Noon
Responses Posted:	Extended: No later than Thursday, May 16, 2024, 12:00 Noon Was no later than Thursday, May 9, 2024, 12:00 Noon
Letters of Intent (LOI) Due:	Extended: Now due Thursday, May 30, 2024, 12:00 Noon Was Thursday, May 16, 2024, 12:00 Noon
LOI Notifications Sent:	Thursday, May 23, 2024
Invited Applications Due:	Thursday, July 11, 2024, 12:00 Noon
Notification of Peer Review Outcome:	Monday, December 2, 2024, 12:00 Noon
Performance Period:	March 1, 2025 – February 28, 2026 (One Year)

1. CHRP Mission and Programmatic Priorities

Our mission is to cultivate evidence-based HIV, and HIV syndemic-related, research that advances healthy, stigma-free, and dignity filled California communities free from systemic racism and structural inequalities.

CHRP Programmatic Priorities: *Across every aspect of our work, the California HIV/AIDS Research Program (CHRP) seeks to fund high-risk, high-reward, high-rigor research projects that aim to substantially and rapidly advance HIV epidemic control and/or treatment, and which address research priorities and gaps not supported by other funders. Further, CHRP is committed to diversity, equity, and inclusion as a means of increasing the effectiveness of its grantmaking and generating new knowledge that benefits all Californians.*

The California HIV/AIDS Research Program (CHRP) is a publicly funded grantmaking organization, administered through the Research Grants Program Office (RGPO) within the Division of Research and Innovation at the University of California, Office of the President. Since 1983, CHRP has invested over \$383 million dollars through over 2,000 research and capacity building grants to support the development, implementation, evaluation, and dissemination of innovative HIV projects through its stated [mission and strategic directions](#). These priorities align with other Ending the Epidemic(s) strategies developed by the [State of California](#), through the federal government by both the [CDC](#) and [White House Office of AIDS Policy](#), as well globally by the [WHO](#).

2. Goals of this Funding Initiative

With this Request for Proposals (RFP), **CHRP seeks to fund one-year awards to support projects at any stage of development or implementation.** These awards are intended to explore the use of technology-based interventions to improve access to HIV prevention and care tools and services for underserved or underrepresented communities. This may include projects focused on formative activities (e.g. planning or feasibility assessments) or implementation (e.g., acceptability studies). For this initiative, technology is broadly used to include any innovation intended to improve service delivery, for example public health vending machines offering PrEP starter packs or “delivery robots” to bring prevention tools to underserved communities. Specifically, this research initiative aims to:

- A. Fund highly innovative ideas to reduce barriers for delivering HIV prevention and care to underserved communities.
- B. Support formative/exploratory work to assess community needs and build critical partnerships, for new programs or expansion of existing programs into new communities.
- C. Prepare for the implementation of a future research endeavor to test intervention effectiveness (Phase II).

3. Background

While the HIV epidemic has slowed in California as a whole, there continue to be unacceptable disparities in HIV incidence and care outcomes.¹ Low-barrier, or low-threshold, interventions have been shown effective at improving engagement with prevention and treatment services among high priority populations and those facing the most significant barriers to accessing services.² While not explicitly defined, low barrier interventions strive to minimize the burden on clients seeking services by making them as readily available and easily accessible as possible.³ Such interventions have been well studied in the field of substance use⁴ but have not been broadly applied to the field of HIV.⁵

An increasingly important aspect of many low-barrier interventions has been the use of technology to augment existing programs (e.g., apps to track patient progress or increase communication channels)^{6,7} or create new ones (e.g., use of public health vending machines).⁸ However, technology-based interventions intended to be low-barrier in nature are still failing to effectively engage with persons most susceptible to HIV at times and places when they are needed. Contributing factors include medical mistrust among potential users, persistent service deserts in communities of need, and poorly addressing the digital divide among populations of interest.^{9, 10, 11} Furthermore, low barrier programs are

¹ [Surveillance and Prevention Evaluation and Reporting Branch, Office of AIDS, California Department of Public Health. Epidemiology of HIV in California, 2017-2021. December 2023.](#)

² [Substance Abuse and Mental Health Services Administration. Low Barrier Models of Care for Substance Use Disorders. Advisory. Publication No. PEP23-02-00- 005. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2023.](#)

³ [Low-threshold treatment program - Wikipedia](#)

⁴ [Jakubowski A, Fox A. Defining Low-threshold Buprenorphine Treatment. J Addict Med. 2020 Mar/Apr;14\(2\):95-98. doi: 10.1097/ADM.0000000000000555. PMID: 31567596; PMCID: PMC7075734.](#)

⁵ [Braun HM, Walter C, Farrell N, Biello KB, Taylor JL. HIV Exposure Prophylaxis Delivery in a Low-barrier Substance Use Disorder Bridge Clinic during a Local HIV Outbreak at the Onset of the COVID-19 Pandemic. J Addict Med. 2022 Nov-Dec 01;16\(6\):678-683. doi: 10.1097/ADM.0000000000000991. PMID: 36383918; PMCID: PMC9653062.](#)

⁶ [Linardon J, Cuijpers P, Carlbring P, Messer M, Fuller-Tyszkiewicz M. The efficacy of app-supported smartphone interventions for mental health problems: a meta-analysis of randomized controlled trials. World Psychiatry. 2019 Oct;18\(3\):325-336. doi: 10.1002/wps.20673. PMID: 31496095; PMCID: PMC6732686.](#)

⁷ [Liu P, Astudillo K, Velez D, Kelley L, Cobbs-Lomax D, Spatz ES. Use of Mobile Health Applications in Low-Income Populations: A Prospective Study of Facilitators and Barriers. Circ Cardiovasc Qual Outcomes. 2020 Sep;13\(9\):e007031. doi: 10.1161/CIRCOUTCOMES.120.007031. Epub 2020 Sep 4. PMID: 32885681.](#)

⁸ [Gobin M, Dhillon S, Kesten JM, Horwood J, Dean GL, Stockwell S, Denford S, Mear J, Cooper R, Copping J, Lawson L, Hayward S, Harryman L, Vera JH. Acceptability of digital vending machines to access STI and HIV tests in two UK cities. Sex Transm Infect. 2024 Feb 1;sextrans-2023-055969. doi: 10.1136/sextrans-2023-055969. Epub ahead of print. PMID: 38302411.](#)

⁹ [Stojanovic J, Wübbeler M, Geis S, Reviriego E, Gutiérrez-Ibarluzea I, Lenoir-Wijnkoop I. Evaluating Public Health Interventions: A Neglected Area in Health Technology Assessment. Front Public Health. 2020 Apr 22;8:106. doi: 10.3389/fpubh.2020.00106. PMID: 32391300; PMCID: PMC7188782.](#)

¹⁰ [Campbell BR, Ingersoll KS, Flickinger TE, Dillingham R. Bridging the digital health divide: toward equitable global access to mobile health interventions for people living with HIV. Expert Rev Anti Infect Ther. 2019 Mar;17\(3\):141-144. doi: 10.1080/14787210.2019.1578649. Epub 2019 Feb 20. PMID: 30721103; PMCID: PMC6693863.](#)

¹¹ [Koehle H, Kronk C, Lee YJ. Digital Health Equity: Addressing Power, Usability, and Trust to Strengthen Health Systems. Yearb Med Inform. 2022 Aug;31\(1\):20-32. doi: 10.1055/s-0042-1742512. Epub 2022 Dec 4. PMID: 36463865; PMCID: PMC9719765.](#)

often insufficiently evaluated for effectiveness, potentially limiting an understanding of the benefits among service providers and policy makers.

Therefore, an important scientific gap has emerged, highlighting the need for innovative solutions that enhance the infrastructure linking low-barrier interventions to marginalized and underserved communities through the use of technology. **Important to note:** technology for this solicitation is not limited to software, rather it is being defined here as any innovation that may improve the infrastructure for delivering prevention and care tools to communities of need. Such interventions could help reduce disparities in HIV prevention and treatment outcomes through novel approaches.

The purpose of this RFP is to solicit projects to conduct formative research (e.g., exploratory research, feasibility assessments, capacity building) toward investigating the novel use of technology-based low-barrier interventions or expansion of such interventions into under resourced communities. These interventions should be designed to **improve access and/or adherence to HIV care, prevention, and/or harm-reduction services**. By exploring new or existing technologies linked directly to established services (e.g., antiretroviral therapy/biomedical prevention, medication adherence, care retention, harm reduction, mental health, substance use, housing), this initiative aims to reach marginalized, rural, or other underserved communities in novel ways.

Such efforts are in line with CHRP stated goals as well as the State's Ending the Epidemic(s) strategy.¹¹ In the future, CHRP intends release an RFP for Phase II funding to support the development of future scientific activities (e.g., demonstration projects, implementation science, evaluation efforts) to further explore feasibility and impact.

4. Research Objectives to be Addressed by Proposed Work

This funding opportunity will support scale up /expansion of existing programs or formative work to plan and prepare for future methods designed to enhance the infrastructure for delivering existing HIV prevention, care, and/or harm reduction services or tools to priority communities. Successful applications must meet each of the following objectives:

Objective 1: Use formative research techniques to explore the need, interest, feasibility, and/or acceptability of innovative use(s) of technology for delivery of HIV prevention, care, and or harm reduction or expansion of existing technology-based service delivery into a new community.

Objective 2: Address the needs of marginalized and underserved communities that are highly impacted by HIV in California.

Objective 3: Adopt existing evidence-based HIV prevention/care tools or interventions and identify strategies to decrease barriers to their uptake and sustained use.

¹¹ [Ending the Epidemics: Addressing HIV, Hepatitis C, and Sexually Transmitted Infections in California - Integrated Statewide Strategic Plan Overview, 2022-2026](#)

This initiative seeks to connect established interventions to marginalized/underserved communities through innovative use of technology. The innovation here will be in the connecting: how can we lower barriers to our existing evidence-based HIV prevention and care services? Studies funded under this initiative should be supported by theories of behavioral health, social science, grounded theory, health economics, community based participatory research, and/or other relevant to your work. If formative work is proposed, applicants should outline a process for using formative research techniques to identify a community need and potential interventions in keeping in the themes of this RFP. Your work should identify how the proposed intervention has the potential to benefit individuals in adopting new or strengthening existing behaviors. This can be achieved through a variety of methods and/or approaches such as development of learning collaboratives, needs or feasibility assessments, community forums, qualitative methods, capacity building, or partnerships. Proposals can be aspirational in nature but must be realistic and describe an actionable process. Examples may include (but are not limited to):

- public health vending machines to stock HIV prevention and harm reduction materials,
- novel delivery of medications or harm reduction materials,
- AI/machine learning techniques to improve HIV prevention and/or care delivery,
- geolocation of pop ups in HIV prevention and/or care service deserts,
- push notifications to guide users to services in their immediate area.

5. Eligibility

Institution: CHRP requires that applicant institutions must be non-profit research, academic, or community-based institutions located in California. CHRP will accept applicants from any non-profit organization or institution, provided that the organization can manage the grant and demonstrate financial health. The organization must also meet our liability insurance requirements. Before funding, the University will collect additional information, such as tax ID numbers and financial reports, to review the organization during the pre-funding process to ensure all financial management and project management eligibility criteria can be met.

Principal Investigator (PI): The applicant PI is required to have PI status at a non-profit institution in California, or assurance in writing from their institution that PI status will be granted “just in time” upon an offer to fund this award. Neither US citizenship nor permanent residency are requirements for the PI, nor for any personnel, to apply for or receive CHRP funding. **PIs at any stage in their careers are welcome to apply.**

New investigators (NI)s are PIs who have not received substantial independent research funding from NIH (such as an R01; see list of NIH grants that a PI can hold and still be considered an ESI [here](#)), and have not received CHRP or RGPO funding as PI. PIs who qualify as NIs should note this by checking the “new investigator” box in the online application and should include a brief NI statement on the first page of the research plan document. NIs are required to be supported by a seasoned mentor. Mentors may provide effort without support but must be listed in Key Personnel whether support is requested or not.

PIs and Key Personnel with Current CHRP Funding: Applicant PIs and all applicant key personnel who are

PIs or key personnel on any current CHRP research award are eligible to apply for funding under this initiative if the required scientific and fiscal reports on their existing grants are current. This means that Progress/Final Scientific Reports or Fiscal Reports that are more than one month overdue may subject an application to disqualification unless the issue is either (i) addressed by the PI and Institution within one month of notification, or (ii) the PI and Institution have received written permission from CHRP extending report deadlines.

Multiple Applications, Multiple PIs: **Applicant PI may submit more than one Letter of Intent (LOI)** to this RFP. If multiple LOIs are advanced, then the PI is allowed to submit only one full application. Applicant PIs are allowed to serve as key personnel in more than one application under this RFP (but as PI in only one). Multiple principal investigators (Co-PI) are not allowed under this mechanism, but co-investigators are allowed. Individuals, community-based organizations, and health systems/jurisdictions may participate in more than one application under this mechanism.

6. Available Funding, Anticipated Number of Awards

CHRP receives its funding as part of the University of California's unrestricted general fund revenue from the State of California. The number of awards to be offered is not predetermined but will depend on the number of meritorious applications received. Awards are contingent on the availability of funds and funding allocations may be adjusted based on performance (criteria will be provided in the instructions for the Full Application). Final funding decisions are at the discretion of the CHRP Director and are subject to oversight from the CHRP Advisory Council and the Research Grants Program Office. Declined proposals may be submitted to future competitions without prejudice.

7. Award Duration, Budget, and Requirements

Each award will support *one year* of related activities, and budgets **may not exceed \$80,000 in direct costs over the entire project period** (plus indirect costs as allowed per RGPO policy; see the [Grants Administration Manual](#) for more information).

Allowable direct costs include salaries and fringe benefits; supplies; sub-contracts (out-of-state sub-contracts and collaborations are generally not allowed); equipment (defined as any item costing \$5,000 or more); and limited travel. Travel includes (a) scientific conference travel and travel for the PI (and one mentee if applicable) to at least one CHRP-hosted grantee meeting per award, limited to 2% of total direct costs; and (b) project-related travel as needed to carry out the funded research, such as travel of project staff between clinic sites, which is not limited.

The investigative leadership team must commit a minimum of 10% effort in total with or without support, including a commitment of at least 5% effort (0.6 person months) by the PI.

8. Prospective Applicant Webinar

CHRP will hold an informational webinar on **Thursday, April 25, 2024, 12:00 Noon** to provide an overview of the intent of the award mechanism(s), the application process(es), and allow prospective applicants and community members to ask questions relevant to their submission. Information on how to access the applicant webinar, and a recording of the webinar, will be posted on the [CHRP website](#). During the webinar potential applicants will have the opportunity to submit questions, or ask for clarifications, through the chat window. We request that questions be submitted by chat so a written record can be retained.

9. Applicant Questions that Arise After the Webinar

After the webinar prospective applicants can submit additional questions via email by **Thursday, May 2, 2024, 12:00 Noon**. CHRP will post written responses to all submitted questions on our website within two weeks. Questions or inquires submitted to CHRP after this date will not be answered unless determined vital by CHRP staff and leadership; in this instance all potential applicants who have initiated an LOI in [SmartSimple](#) will be notified of the question and the Program's response by email.

10. Submitting a Letter of Intent (LOI)

RGPO uses [SmartSimple](#), an electronic submission portal, for all official correspondence (e.g., LOI and application submission). PIs are required to register and use their accounts to submit all application materials **no later than ~~Thursday, May 16, 2024, 12:00 Noon~~ Thursday, May 30, 2024 Noon**. LOIs received after the deadline will not be accepted. Any partnerships involved are allowed to be in early stages at the time of LOI submission but must be established by the time of full application submission. Official signatures are not required by CHRP at the LOI stage; however, any differing applicant institutional policies supersede CHRP policy. New investigators may wish to review this RFP with their institutional mentor(s) or administrators before submitting, to ensure that their institution will accept the terms of a CHRP award as outlined here and in RGPO [Grants Administration Manual](#).

A complete LOI for this solicitation consists of:

- PI Applicant profile (including ORCID ID)
- Project Title (100 characters)
- Project Duration (up to one year), Performance Period (enter start date on page one of this RFP)
- New Investigator Checkbox (yes/no)
- Referral Source(s)
- LOI Scientific Abstract (limit 2,400 characters)

- LOI Specific Aims (limit 2,400 characters)
- CHRP Research Priority Area; Research Type and Sub-Type; Subject Area; Focus Area (see LOI instructions for response options)
- Total Amount of Funding Requested per Project Year (direct costs only)
- Suggested Reviewers (optional)
- Applicant Electronic Signature and Date

Competitive Review of Letters of Intent: After review by CHRP staff to ensure that the applicant and institution(s) meet eligibility criteria (Sections 5 of this RFP), merit-based peer-review will be conducted at the LOI stage. All LOIs will be reviewed by at least two persons who are subject matter experts. Reviewers will receive a manual of policies and procedures for LOI scoring and review before distribution of any content; the manual is also available to applicants by request. [RGPO policies and procedures](#) concerning confidentiality and conflicts of interest will be observed. Letters of Intent will be extracted from [SmartSimple](#) without investigator or institutional identifiers, and these "blinded" files will be sent to the review panel. Reviewers who recognize the identity of and have a potential conflict of interest with an applicant or institution will recuse themselves from all applicable LOIs/applications. Reviewers will assign scores to the criteria shown below for each LOI, reflecting their relative scientific merit:

- **LOI ONLY: Innovation and Technology (65% of LOI score):** Scoring will reflect the overall degree of innovation in the proposed work, the appropriateness of the technology to be deployed, and the degree of innovation that incorporation of adding this technology to service delivery would bring to the field.
- **LOI ONLY: Impact (25% of LOI score):** Scoring will reflect the potential impact of the technology-based solution to decreasing barriers in service delivery to the priority population.
- **LOI ONLY: Feasibility (10% of total score):** Scoring will reflect the likelihood that the research plan can be executed with the money/time available.

Final LOI scores will be ranked and considered in the context of programmatic priorities such as portfolio equity, distribution of resources, and representativeness of the HIV epidemic in California. No more than the 25 most meritorious applicants will be invited to submit full applications; our intention is to engage fewer scientists with the labor-intensive requirements of writing the full proposal.

All applicants will be notified of LOI approval/rejection via [SmartSimple](#) at the same time, on or before **Thursday, May 23, 2024**. PIs with approved LOIs will gain access to the full application materials at time of LOI notification. No application may move forward without an approved LOI.

Score values correspond to the following descriptors.

Score	Descriptor	Strengths/Weaknesses
1	Exceptional	Extremely strong with essentially no weaknesses ¹
2	Outstanding	Extremely strong with negligible weaknesses
3	Excellent	Very strong with only some minor weaknesses
4	Very Good	Strong but with numerous minor weaknesses
5	Good	Strong with at least one moderate weakness
6	Satisfactory	Some strengths but also some moderate weaknesses
7	Fair	Some strengths but with at least one major weakness
8	Marginal	Some strengths but with at least one major weakness
9	Poor	Some strengths but with at least one major weakness ²

¹Example of score of 1 (Exceptional): proposal incorporates exceptionally innovative use of technology to deliver existing tools to an exceptionally underserved population and demonstrates exceptionally high understanding of priority population and how this new technology will positively impact HIV outcomes.

²Example of score of 9 (Poor): applicant does not propose a new delivery strategy and/or does not address a marginalized or underserved community.

11. Submitting a Full Application

Full applications must be submitted by the **date and time stated on page one** of this RFP. Documents providing a comprehensive description of all application sections are found on [SmartSimple](#), as are required templates for certain sections. Proposal narratives should be succinct, self-explanatory, and organized in alignment with the sections outlined below and in supplemental attachments. The Full Application will include the following sections:

- ◇ Scientific Abstract and Specific Aims
- ◇ Milestones and Timetable
- ◇ Demographics of Anticipated Study Volunteers (if applicable)
- ◇ Research Plan (including New Investigator statement if applicable)
- ◇ Budget and Justification
- ◇ Personnel Table
- ◇ Biosketches for all Key Personnel (any format is acceptable, including NIH format)
- ◇ Facilities
- ◇ Assurances (if applicable: Human Subjects; Biohazards; DEA Controlled Substance use)

12. Peer Review and Scoring Criteria for Full Applications

All complete applications will be reviewed by a panel which includes (a) persons with lived experience in communities that are highly impacted by HIV in California, and (b) scientists from outside California who are subject matter experts and experienced peer reviewers. Reviewers will receive training and a manual of policies and procedures for application scoring and review before access to the applications is allowed; the manual is available to applicants by request. Current [RGPO policies and procedures](#) concerning confidentiality and conflicts of interest will be observed.

The following scoring criteria will be used to review proposals:

1. **Innovation and Technology Use (40% of total score):** Scoring will reflect the overall degree of innovation in the proposed work, the appropriateness of the technology to be deployed, and the degree of innovation that incorporation of adding this technology to service delivery would bring to the field.
2. **Significance and Impact (20% of total score):** Scoring will reflect the overall significance of the problem (e.g. the barrier to care) that would be addressed, the degree to which the study population is significant in the California HIV epidemic, the potential impact of the technology-based solution to decreasing barriers in service delivery to the priority population, the representativeness of the research team, and the extent to which the research team includes meaningful engagement with community partners.
3. **Approach and Feasibility:**
 - a. **Overall Research Plan (30% of total score):** Scoring will reflect the appropriateness and scientific rigor of the overall approach(es) used to address stated aims; and the feasibility and rigor proposed to execute all aspects of the investigation. For projects proposing scale up or expansion of existing programs, the research plan should also include plans for sustainability. This section should provide descriptions and justifications for sampling and recruitment strategies, statistical approaches, and project timelines.
 - b. **Management and Dissemination Plans (10% of total score):** The management plan should address the capacity of the team to carry out the work; the environment in which the work will be done; how the project will be managed; and strategies for addressing roadblocks that may impact completion of aims. The dissemination plan should include details for sharing the results of the work to all relevant stakeholders.

Reviewers will comment on but not score the following:

- **Budget:** Appropriateness of the budget request for the project. (Reviewers will provide recommendations regarding direct costs, including the relevance of budgeted items in respect to the research aims and whether the dollars allocated are reasonable. Reviewers may recommend specific increases or reductions. If selected for funding, these items will be discussed with the Program Officer during pre-funding.)
- **Inclusion of women, minorities, and individuals across the lifespan in research:** If human subjects are involved, the adequacy of plans to include subjects of all genders, all racial and ethnic groups (and subgroups) as well as individuals across the lifespan (including children and elderly individuals) as appropriate for the scientific goals of the research will be assessed.
- **(Where Applicable) Protection of Human Subjects from Research Risk:** Appropriate recognition of potential risks to human participants in the research, and appropriate plans to address those risks.

13. Diversity, Equity, and Inclusion Supplements

At the time of award notification, all projects will be encouraged to apply for an additional \$10,000 in supplemental funds to promote diversity, equity, and inclusion in the pipeline of future investigators in HIV research. These supplemental funds are intended to partially support the scientific contributions of students or trainees (high school, undergraduate, graduate/clinical, post-doctoral) from sociodemographic groups that are underrepresented among health researchers who have lived experience in the population that will be prioritized in the funded project. PI should consider all trainees who will promote diversity in HIV research, including trainees from diverse socioeconomic, cultural, ethnic, racial, gender, sexual orientation, ability/disability, linguistic, and geographic backgrounds who would otherwise not be adequately represented in their field, trainees who are from underserved communities, and trainees who have demonstrated commitment to diversity efforts. More details will be provided to PIs with applications that are selected for funding. (Typically, these supplements are only offered to projects with at least one approved progress report, but for this one-year project period the applications for these supplements will be offered at the time of selection for funding.)

14. How to Get Help

For scientific questions regarding application preparation or guidance regarding the suitability of a proposed project, contact Shoshanna Nakelsky at Shoshanna.Nakelsky@ucop.edu.

For general questions regarding the electronic submission of an application, including using SmartSimple, please contact the Research Grants Program Office, Contracts and Grants Unit at RGPOGrants@ucop.edu, or 510-987-9386.

APPENDIX A: Brief Guidance for Completing the Full Application

This page outlines the components that comprise the full application specific to the RFP *Low Barrier Technology Interventions for HIV Prevention and Care*. Detailed instructions will be provided at the time of LOI approval.

1. Lay Abstract and Scientific Abstract
2. Specific Aims
3. Research Demographics (Anticipated Study Volunteers)
4. Milestones and Timetable
5. Research Plan (Use Template and upload PDF, including New Investigator statement if applicable)
6. Project Personnel Table
7. Biosketches for All Key Personnel (any format is acceptable, such as NIH format)
8. Budget by Category
 - a. Personnel Costs (no salary cap)
 - b. Student Tuition, Fees, and Graduate Student Stipends
 - c. Other Project Expenses
 - d. Equipment
 - e. Travel Expenses
 - f. Service Contracts and Consultants
 - g. Indirect Costs
13. Budget Justification Facilities (Use Template)
14. Assurances
 - a. Human Subjects (use templates): Human subject form is required for all applications. If your research does not involve human subjects, simply check the box at the top of the appropriate form to acknowledge this.
 - b. Biohazardous Materials and/or DEA Controlled Substance Use: These forms are not required; complete them only if your proposal includes these elements.
15. Appendix List and Attachments (if applicable; limit 25 pages total; use template)

APPENDIX B: Standard Policies and Procedures for all CHRP RFPs

A. RGPO Award Pre-Funding Requirements Policy

Following notification by RGPO of an offer of funding, the PI and applicant organization must accept and satisfy standard RGPO pre-funding requirements in a timely manner. Common pre-funding requirements include:

- Supplying approved indirect (F&A) rate agreements as of the grant's start date and any derived budget calculations.
- Supplying any missing application forms or materials, including detailed budgets and justifications for any subcontract(s).
- IRB or IACU applications or approvals pertaining to the award.
- Resolution of any scientific overlap issues with other grants or pending applications.
- Resolution of any Review Committee and Program recommendations, including specific aims, award budget, or duration.
- Modify the title and lay abstract, if requested.

B. Stipulations

Funding: Awards are contingent upon availability of funding, as well as compliance with all research and reporting requirements. Grantees will be subject to funding renewal on an annual basis. The number of awards made will depend on the number and quality of applications received.

Condition of award for UC faculty on payroll at a non-UC entity: In accord with University of California policy, investigators who are University employees and who receive any part of their salary through the University must submit grant proposals through their campus contracts and grant office (“Policy on the Requirement to Submit Proposals and to Receive Awards from Grants and Contracts through the University”, Office of the President, December 15, 1994). Exceptions must be approved by the UC campus where the investigator is employed.

Human subjects: Approvals or exemptions for the use of human subjects are not required before the time of LOI or full application submission or review but will be required before any funded work with such subjects commences. Principal Investigators are encouraged to apply to the appropriate board or committee as soon as possible after submitting a proposal to expedite the start of the project. If all reasonable efforts are not made to obtain appropriate approvals in a timely fashion, funds may be reallocated to other projects. If a project proposes activities that pose unacceptable potential for human subject risks, then a recommendation either not to fund or to delay funding until the issue is resolved may result.

Application and award confidentiality: CHRP maintains confidentiality for all submitted applications with respect to the identity of applicants and applicant organizations, all contents of every application, and the outcome of reviews. For those applications that are funded, CHRP makes public: (i) the project title, Principal Investigator(s), the name of the organization, and award amount; (ii) direct and indirect

costs in CHRP's annual report, (iii) the project abstract on the CHRP website. If the Program receives a request for additional information on a funded grant, the Principal Investigator and institution will be notified prior to the Program's response to the request. Any sensitive or proprietary intellectual property in a grant will be redacted and approved by the PI(s) and institution prior to release of the requested information. No information will be released without prior approval from the PI for any application that is not funded.

Award decisions: Applicants will be notified of their funding status in December. The written critique from the review committee, the merit score average, component scores, percentile ranking, and programmatic evaluation may be provided later. Some applications may be placed on a “waiting list” for possible later funding.

Publications acknowledgement: All scientific publications and other products from any RGPO-funded research project must acknowledge the funding support from UC Office of the President, with reference to the program (CHRP) and the assigned grant ID number. RGPO is committed to disseminating research as widely as possible to promote the public benefit. All publications based on funding received from RGPO are subject to the [University's Open Access Policy which went into effect on April 22, 2014](#). To assist RGPO in dissemination and archiving these materials, the grantee institution and all researchers on the grant will deposit an electronic copy of all publications in the [UC Publication Management System](#), UC's open access repository, promptly after publication. Notwithstanding the above, this policy does not in any way prescribe or limit the venue of publication. This policy does not transfer copyright ownership, which remains with the author(s) or copyright owners. The full policy is available here:

<https://www.ucop.edu/research-grants-program/grant-administration/rgpo-open-access-policy.html>

Appeals of review decisions: Declined proposals may be submitted to future competitions without prejudice. An appeal regarding the funding decision of a grant application may be made only on the basis of an alleged error in, or deviation from, a stated procedure (e.g., undeclared reviewer conflict of interest or mishandling of an application). The period open for the appeal process is within 30 days of receipt of the application evaluation from the Program. Before submitting appeals, applicants are encouraged to talk about their concerns informally with the appropriate Program Officer or the Program Director. Final decisions on application funding appeals will be made by the Vice President of Research and Innovation, University of California, Office of the President.

Grant Management Procedures and Policies: All grant recipients must abide by other pre- and post-award requirements pertaining to Cost Share, Indirect Cost Rates, Monitoring & Payment of Subcontracts, Conflict of Interest, Disclosure of Violations, Return of Interest, Equipment and Residual Supplies, Records Retention, Open Access, and Reporting. Details concerning the requirements for grant recipients are available in a separate publication, the University of California, Office of the President, “RGPO Grant Administration Manual.” The latest version of the Manual and programmatic updates can be obtained from the Program's office or viewed on our website: <https://www.ucop.edu/research-grants-program/grant-administration/index.html>.