



CANCER PREVENTION & RESEARCH  
INSTITUTE OF TEXAS

# FY2027 Cycle 1 Prevention Program Funding Opportunities

March 17, 2026

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# Agenda

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- Prevention Program Overview
- Prevention RFAs
- Mechanism Considerations
- Common Errors
- Submission Success
- Questions and Answers



# **CPRIT Prevention Program**

# CPRIT Prevention Program Impact to Date

## Purpose

- Prevent or reduce the risk of cancer, detect it early, mitigate cancer effects through delivery of evidence-based interventions
- Fund programs and services aimed to help those in most need
- Build capacity to deliver programs by promoting innovations and best practices across Texas

**317 Grants - \$407 Million**

**58 Institutions and community organizations**

- Delivered Over 11.2 Million Education and Clinical Services
- 54,000+ cancers and cancer precursors detected
- More than 445,000 Texans received their first cancer screenings through CPRIT-funded projects
- At least one CPRIT prevention project is available in every Texas county
- More than 2.2M screening and diagnostic tests provided for breast, colon, lung, cervical cancers
- \$27.82 in treatment costs saved with every \$1 spent on cancer prevention



THE CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS *presents*

# INNOVATIONS

## VII

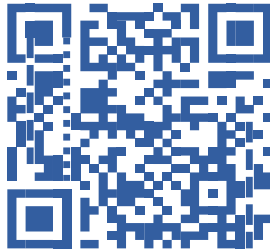
CANCER PREVENTION AND RESEARCH CONFERENCE

Sponsorship  
Opportunities  
Available!



**October 5 - 7, 2026**

**Moody Gardens  
Hotel, Spa & Convention  
Center  
Galveston, Texas**



**[texasconferencereference.org](https://texasconferencereference.org)**

**LEARN  
MORE!**

The **CPRIT Innovations VII** conference will feature informative sessions on CPRIT-funded initiatives at research institutions, in communities, and at companies across Texas. Don't miss this opportunity to hear the latest developments in cancer research, prevention, and product development while networking with CPRIT staff, CPRIT grantees, life science company executives, and leadership from institutions of higher education. See you in Galveston!



CANCER PREVENTION & RESEARCH  
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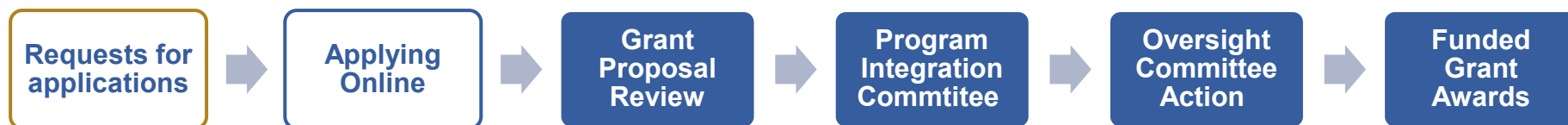
# Applying for a CPRIT Prevention Grant

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- Current RFAs and Instructions (IFA) on CPRIT website – <https://cprit.texas.gov/funding-opportunities>
- Application submission (CARS) – <https://cpritgrants.org>
- Ask for assistance – programmatic and technical help



# CPRIT Prevention Review Process



- Grant Proposal Review
  - Peer Reviewers from outside of Texas including at least one advocate reviewer
  - Review Council, Chair & panel chairs
- Program Integration Committee
  - CPRIT CEO, Program Officers, Commissioner of State Health Services
- Oversight Committee Action
  - Prevention Subcommittee
    - Three members of Oversight Committee
  - Nine members appointed by Governor, Lt. Governor, Speaker (3 each)

[Grant Process](#)



# Program Goals and Priorities

Goals	Priorities
Prevent or reduce the risk of cancer or detect it early	Populations disproportionately affected by cancer incidence, mortality, or cancer risk prevalence
Fund programs and services to help those most in need	Geographic areas disproportionately affected by cancer incidence, mortality, or cancer risk prevalence
Build capacity to deliver prevention programs across Texas	Populations with obstacles to cancer prevention, detection, diagnostic testing, treatment and survivorship services



# Prevention RFAs

# FY 2027 Funding Opportunities

## RFA Mechanisms & IFA

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- Primary Prevention of Cancer (PPC)
- Cancer Screening and Early Detection (CSD)
- Dissemination of CPRIT-Funded Cancer Control Interventions (DI)
- Instructions for Applicants (IFA) – PPC, CSD, & DI



# Prevention FY 2027 Key Dates

## FY 2027 Cycle 1

RFAs Released	February 25, 2026
Application Portal Opens	March 18, 2026
Applications Due	June 10, 2026
Peer Review & Council Review	Aug 24-27 & Sept 30, 2026
Award Notification	November 18, 2026

## FY 2027 Cycle 2

RFA Release Date	August 2026
Application Portal Opens	September 2026
Applications Due	December 2026
Award Notification	May 2027



# FY 2027 Funding Opportunities – RFA Mechanisms

## Primary Prevention of Cancer (PPC)

- Supports projects that will deliver **multilevel, evidence-based interventions that improve cancer related health behaviors** such as tobacco use, obesity, physical inactivity, unhealthy eating, alcohol use, HPV vaccination, hepatitis B vaccination, and environmental/ occupational cancer exposures.
- **Award:** Maximum funding \$1.0 million - \$2.5 million; maximum duration 3-5 years

## Cancer Screening and Early Detection (CSD)

- Supports projects that will deliver evidence-based clinical services in cancer screening for **breast, cervical, colorectal, liver, and lung cancers** according to established and current national guidelines and criteria.
- **Award:** Maximum funding \$1.5 million - \$2.5 million; maximum duration 3-5 years

## Dissemination of CPRIT-Funded Cancer Control Interventions (DI)

- Supports projects that facilitate the uptake and **sharing of ongoing CPRIT Prevention Program expansion projects or previously funded CPRIT Prevention Program projects that have demonstrated exemplary success** and have materials, policies, and other resources **that could be scaled up and/or applied to other systems and settings.**
- **Award:** Maximum funding \$450,000; maximum duration 3 years



# Updated content for the FY27 Prevention RFAs

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- Required goals from the Texas Cancer Plan
  - “Briefly state the specific goal(s) of the 2024 Texas Cancer Plan that will be addressed through this project.”
- Updated geographic and high-need areas based on most recent data on cancer incidence, mortality and risk factors
- Enhanced partnerships sections to include more on engaging community, private sector, clinic, and other partners
- Added language requesting additional information describing the process for navigation to clinical services
- Added resources on planning for long-term sustainability and measuring impact
- Improved overall flow and clarity



# FY 2027 Funding Opportunities: RFA Components

- **Primary Prevention of Cancer**
  - **RFA P-27.1-PPC**
- **Cancer Screening and Early Detection**
  - **RFA P-27.1-CSD**
- **Dissemination of CPRIT-Funded Cancer Control Interventions**
  - **RFA P-27.1-DI**

- Alignment with the 2024 Texas Cancer Plan
- Collaboration between applying institutions and
  - Meaningful Community Involvement
  - Clinical Partners
  - Cross-Sector Partnerships

*A coordinated submission of a collaborative partnership program in which all partners have a substantial role in the proposed project is preferred.*



# FY 2027 Funding Opportunities: Evidence-Based Interventions & Clinical Guidelines

- **Primary Prevention of Cancer**
  - RFA P-27.1-PPC
- **Cancer Screening and Early Detection**
  - RFA P-27.1-CSD
- **Dissemination of CPRIT-Funded Cancer Control Interventions**
  - RFA P-27.1-DI
  - *If applicable*

- Intended to fund evidence-based interventions or strategies that have been proven to be effective
- Proven to be effective for cancer prevention such as those from [The Community Guide](#) or [What Works for Health](#)
- Clinical Screening Services must comply with established and current national guidelines such as:
  - *US Preventive Services Task Force [USPSTF], American Cancer Society [ACS]*
  - *Children's Oncology Group [COG] Long-Term Follow-Up Guidelines for Survivors of Childhood, Adolescent, and Young Adult Cancers)*
  - *National Comprehensive Cancer Network [NCCN], ACS, and COG survivorship care guidelines*



# FY 2027 Funding Opportunities: Evidence-Based Interventions & Clinical Guidelines

- **Primary Prevention of Cancer**
  - **RFA P-27.1-PPC**
- **Cancer Screening and Early Detection**
  - **RFA P-27.1-CSD**

- All projects funded under these RFAs must include the delivery of clinical services
- Examples of Clinical Services
  - Cancer Screenings
  - Diagnostic tests
  - Vaccinations
  - Counseling sessions
  - Other evidence-based preventive services delivered by a health care practitioner/professional in an office, clinic, community health setting, or health care system
  - Genetic testing or assessments



# FY 2027 Funding Opportunities: Clinical Services Definitions

- **Primary Prevention of Cancer**
  - **RFA P-27.1-PPC**
- **Cancer Screening and Early Detection**
  - **RFA P-27.1-CSD**

## Key Definitions

- **Clinical Services:** Clinical services include screenings, diagnostic tests, vaccinations, counseling sessions, or other evidence-based preventive services delivered by a health care practitioner/professional in an office, clinic, community health setting or health care system.
- **Location of Clinical Services:** Counties where an activity or service will occur and the project has a physical presence for the services provided.
- **Navigation Services:** Activities/services that offer assistance to help overcome health care system barriers.



# FY 2027 Funding Opportunities: Geographic Areas to be Served/Priority Populations

- **Primary Prevention of Cancer**
  - **RFA P-27.1-PPC**
- **Cancer Screening and Early Detection**
  - **RFA P-27.1-CSD**
- **Dissemination of CPRIT-Funded Cancer Control Interventions**
  - **RFA P-27.1-DI**

- Delivery of interventions to:
  - Medically underserved areas (MUAs)
  - Medically underserved populations (MUPs) *and/or*
  - Priority populations



# FY 2027 Funding Opportunities: Geographic Areas to be Served/Priority Populations

- **Primary Prevention of Cancer**
  - **RFA P-27.1-PPC**
  - *If applicable*
- **Cancer Screening and Early Detection**
  - **RFA P-27.1-CSD**
- **Dissemination of CPRIT-Funded Cancer Control Interventions**
  - **RFA P-27.1-DI**
  - *If applicable*

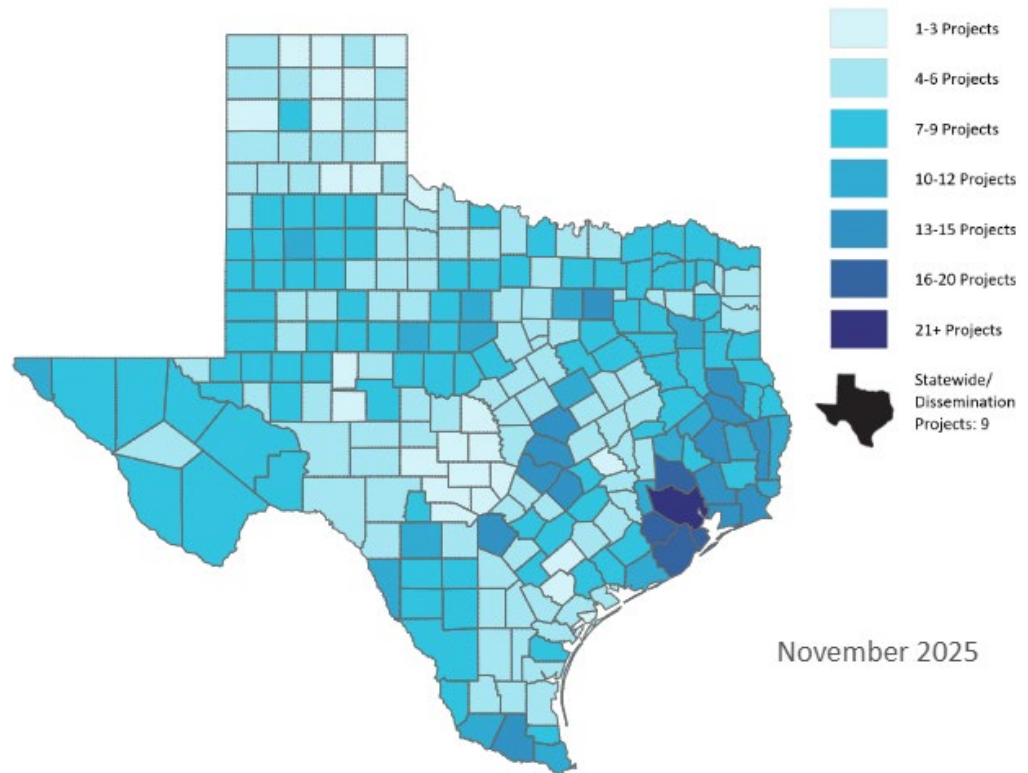
- **Secondary Prevention – Screening and Early Detection Services**
  - **Breast - Public Health Region (PHR) 3 and 7 or PHR 2 and 4**
  - **Cervical - PHR 2 and 5 or PHR 1 and 2**
  - **Colorectal - PHR 2, 5, and 9 or PHR 2 and 9**
  - **Liver - PHR 10 and 11**
  - **Lung - PHR 4 and 5**



# FY 2027 Funding Opportunities: Geographic Areas to be Served/Priority Populations

- Primary Prevention of Cancer
  - RFA P-27.1-PPC
- Cancer Screening and Early Detection
  - RFA P-27.1-CSD
- Dissemination of CPRIT-Funded Cancer Control Interventions
  - RFA P-27.1-DI

## Designated Counties by Project 71 Active Projects



# FY 2027 Funding Opportunities: Outcome Driven Results

- **Primary Prevention of Cancer**
  - **RFA P-27.1-PPC**
- **Cancer Screening and Early Detection**
  - **RFA P-27.1-CSD**
- **Dissemination of CPRIT-Funded Cancer Control Interventions**
  - **RFA P-27.1-DI**

- Demonstrate a strong commitment to evaluation of the project with a focus on outcome-driven results
- Provide clear goals and objectives that demonstrate what outcomes will be achieved for the services that are delivered
- Demonstrate how these outcomes will ultimately impact incidence mortality, morbidity, and disparities
- Provide plans for adaption of the intervention if it is being adapted for a new implementation, including potential barriers



# FY 2027 Funding Opportunities: Outcome Driven Results

- **Primary Prevention of Cancer**
  - RFA P-27.1-PPC
- **Cancer Screening and Early Detection**
  - RFA P-27.1-CSD
- **Dissemination of CPRIT-Funded Cancer Control Interventions**
  - RFA P-27.1-DI

- **Key Definitions:**
  - **Process or implementation evaluation:** Assesses how the program, intervention, operation, or regulation is implemented relative to its intended theory of change. It often includes information on processes, content, quantity, quality, and structure of what is being assessed – *include, as needed, in the Project Plan.*
  - **Outcome evaluation:** Measures the extent to which a program, policy, or organization has achieved its intended outcome(s). It cannot attribute causality – *include in Goals and Objectives.*

[CDC Program Evaluation Framework, 2024 | MMWR](#)



# FY 2027 Funding Opportunities: Outcome Driven Results

- **Primary Prevention of Cancer**
  - **RFA P-27.1-PPC**
- **Cancer Screening and Early Detection**
  - **RFA P-27.1-CSD**

- All funded projects will be required to report on:
  - Location of clinical services that are provided by delivery method (clinical facility, community setting, mail out, mobile, telehealth)
  - Number of unique people served
  - Number of services delivered (education, navigation & clinical services)
  - Number of clinical services provided
- Where applicable, funded projects are required to report on:
  - Number of people screened for the first time
  - Number of cancers and precursors detected
- Applicants many want to consider including a goal that includes some or all of the required metrics.



# FY 2027 Funding Opportunities: Project Maintenance & Sustainability

- **Primary Prevention of Cancer**
  - **RFA P-27.1-PPC**
- **Cancer Screening and Early Detection**
  - **RFA P-27.1-CSD**

- Define how sustainability will be addressed early in the life cycle of the project
- Describe opportunities to support the capacity building of community or clinic partners to sustain projects over the long-term
- Describe any policy, system, and environmental change strategies that can support long-term sustainability of programs.
- Leverage helpful resources:
  - [Community Commons](#) provides detailed information about these types of changes, examples of strategies, and characteristics of each type of change strategies.
  - [Program Sustainability Assessment Tool](#) provides practical guidance on the types of factors that should be considered for sustainability



# FY 2027 Funding Opportunities: Dissemination & Replication

- **Primary Prevention of Cancer**
  - RFA P-27.1-PPC
- **Cancer Screening and Early Detection**
  - RFA P-27.1-CSD
- **Dissemination of CPRIT-Funded Cancer Control Interventions**
  - RFA P-27.1-DI

- Describe how you plan to share results and outcomes, including barriers encountered and successes achieved
- Results should be disseminated to a wide-audience through methods such as:
  - Presentations at workshops and seminars
  - One-on-one meetings with community organizations, participants, other key individuals and organizations involved in the project
  - Publications
  - News media
  - Social media
  - Other channels



# **In-Depth RFA Mechanism Considerations**

# FY 2027 Funding Opportunities – RFA Mechanisms

- **Primary Prevention of Cancer**
  - **RFA P-27.1-PPC**

- Modifiable Risk Factors
- Multi-level interventions
- Assess non-medical drivers of health
- May advocate for or support policy
- May include some complementary screening & diagnostics
- New and Expansion Projects Allowed
  - Funding & project length dependent on type of project



# FY 2027 Funding Opportunities – RFA Mechanisms

- **Cancer Screening and Early Detection**
  - **RFA P-27.1-CSD**

- **New and Expansion Projects Allowed**
  - Funding & project length dependent on type of project
- **Comprehensive projects**
- **Navigation into treatment**
  - Provide a detailed description of how patients will be provided access to and navigation into appropriate follow-on diagnostic testing and treatment services
- **Diagnostic and treatment goal and objectives is required and pre-populated**
- **Paying for clinical services**
- If the project proposes to work with multiple clinical providers, the team should facilitate the establishment of standard protocols for all clinical service providers in the network as well as standard systems, policies, and procedures for providers and organizations.



# FY 2027 Funding Opportunities – RFA Mechanisms

- **Dissemination of CPRIT-Funded Cancer Control Interventions**
  - **RFA P-27.1-DI**

- Only CPRIT-funded projects
  - Up to 2 per previously funded CPRIT Prevention Program project (total)
  - Only 1 DI application per project per cycle.
- Requirement
  - Need 2+ Active dissemination strategies in application
  - Dissemination of “products”
  - Publication in peer-reviewed journal
- DI application may not be submitted while the original preventive service project is ongoing



# Common Pitfalls

# Which RFA should I apply for?

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- Focused solely *or mostly* on primary cancer prevention services
- Focused solely *or mostly* on primary cancer screening & early detection
- Previously funded CPRIT grant that is ready for dissemination
- Hypothesis driven research question
- New, not yet evidence-based intervention for cancer prevention



# Ask Yourself

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- Is your project evidence-based – have you explained and referenced the evidence base?
- Does your project comply with established national guidelines & criteria – have you stated and referenced the guideline?
- Have you made assumptions or used acronyms?
- Have you explained how you will ensure **access to diagnostics and treatment**?
- Have you included policy, system, and/or environmental change strategies that can support long-term sustainability of programs?



# Ask Yourself

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- Is your assessment and evaluation methodology robust and headed by a professional evaluator?
- Does your proposal answer ALL questions in the Review Criteria section?
- Are only measurable outcome objectives included in the G&O section?
- Are the letters of commitment specific to the contribution of the organization?
- Have you followed all the instructions in the IFA and used all required templates?



# Common Weaknesses in Application Reviews

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- Lack of detail in program design and implementation
- Cultural and linguistic tailoring
- Feasibility and sustainability concerns
- Limited connection to the evidence base
- Inadequate system-level or policy changes
- Evaluation and metrics challenges
- Integration and collaboration challenges
- Population-specific and equity gaps
- Barriers to behavioral change
- Use of data and evidence
- Logistical concerns



# FAQs

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- Can we serve anyone outside of Texas?
- Is this project too complicated for this RFA?
- Can I have more than one co-PD on a project?
- Can I have collaborators outside of Texas serve or consult on the project?
- Can Non-profits apply?



# Expansions

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- Restate the project and components
- Justify expansion plans and feasibility
- Clearly state previous/current project results and process toward objectives
- Separately include projected results with expansion project
- Differentiate between ongoing components and any new components, including counties served and # of services provided



# Resubmissions

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- One resubmission allowed per Grant
- Restate the project and components
- Fully address overall summary weaknesses



# What's Not Funded

- Services outside of Texas
- CPRIT will not reimburse the purchase of food directly or indirectly.
- Projects focusing solely on education and/or outreach or solely on systems and/or policy change that do not include the navigation to and delivery of multilevel interventions to reduce cancer risk.
- Projects focusing solely on case management/patient navigation services.
- Projects that include cancer clinical services that do not comply with established and current national guidelines.
- Projects that are not aligned to the RFA where they are submitted
  - If wrong RFA project will be withdrawn, it cannot be reassigned.
- Resources for the treatment of cancer or viral treatment for hepatitis.
- Cancer Treatment
- Projects involving prevention/intervention research. Applicants interested in prevention research should review CPRIT's Academic Research RFAs (available at <http://www.cprit.texas.gov>)



# Submission Process

# User Accounts

- Application Portal: <https://cpritgrants.org>
- Required user accounts
  - Program Director (PD) – Initiates and completes application content
  - Authorized Signing Official (ASO) – Submits finalized application
  - Grants Contract/Office of Sponsored Projects Official (GC/OSPO) – manages contract if award is made
- Optional user accounts: Co-PD, Alternate Submitter, Alternate ASO
- Starts application: PD, Co-PD, or Alternate Submitter
- Submits application to CPRIT: ASO or Alternate ASO
- If one person is both PD and ASO:
  - Two separate CARS accounts are needed – one as PD role, one as ASO role
  - Finalize application tabs while signed in as PD
  - Log out and sign into ASO account to approve and submit application to CPRIT



# Application Tabs

**My Applications: Summary**

Summary**1 Contacts****2 Application Information****3 Collaborating Orgs/Personnel****4 Required Documents****5 Budget****6 Final Review & Submit**

**Summary**  
Application ID: PP250079 Phase: Full Application Status: DRAFT

**Application Title:** Application for Cancer Screening and Early Detection  
**Program:** FY 2025 Prevention Programs  
**Award Type:** Cancer Screening and Early Detection

Please be sure to verify format requirements. Applications that do not meet format requirements and/or reviewers' determination of readability may result in rejection of your application. Please check the format requirements found in the [Request for Application \(RFA\)](#).

**Full Application Deadline:** December 5, 2024 by 4:00 PM CT ([check current official time](#))

The submission process for this application was not completed before the deadline and therefore the application has not been forwarded for review. The application information can no longer be edited but will remain in the system for your reference for a limited time or until deleted. The table below shows the status of each section in the submission process at the time of the submission deadline.

Section #	Application Section	Status
1	<a href="#">Contacts</a>	draft
2	<a href="#">Application Information</a>	draft
3	<a href="#">Collaborating Organizations/Personnel</a>	draft
4	<a href="#">Required Documents</a>	draft
5	<a href="#">Budget</a>	draft
6	Final Review and Submit	NOT APPROVED

- Complete all 5 tabs of application
- Save each tab as Draft to continue editing
- Scroll to bottom of each tab when complete and click “Finalize” to lock for ASO review
- Once a tab has been finalized for ASO approval, only ASO can revert to draft
- After all tabs finalized, email notification sent to ASO



# Tab 1 - Contacts

- Purpose: Identify individuals who will work in CARS to prepare and submit application.
  - Plus GC/OSPO contact who will manage contract if funded
- PD, Co-PD, or Alternate Submitter starts the application
- Add required and optional personnel using search bar
  - Search results only display individuals with existing CARS accounts
  - Use “*Send Them an Invitation*” link to invite new users to register in CARS
- Required: PD, ASO, GC/OSPO
- Optional: Co-PD(s), Alternate Submitter, Alternate ASO
- Tab 1 must be finalized before Tab 3 (Collaborating Orgs/Personnel) can be finalized



# Tab 2 – Application Information

- Purpose: Provide CPRIT with tabular information on key aspects of your proposed project.
  - Primary focus questions [cancer type(s), topics]
  - Project duration
  - Geographic location
  - CPRIT priorities addressed
  - Number of unique people to be served
  - Number of services to be delivered
  - Number of clinical services to be delivered
  - Eligibility to receive funding
- See *Instructions for Applicants* document and Appendix in RFA for relevant definitions
- Enter information using text fields, radio dials, and menus; title may also be edited here if needed
- Tab 2 must be finalized before Tab 5 (Budget) can be finalized.



# Tab 3 – Collaborating Orgs/Personnel

- Purpose: Identify all individuals and organizations who will contribute to the project if funded.
  - Peer reviewers are not given access to the application until they have reviewed this list for potential conflicts of interest (COI).
  - List should be as complete as possible.
  - Very important for a COI-free review.
- Include all paid or unpaid personnel, partners, collaborators, etc
- PD, Co-PD(s), and Alternate Submitter (if applicable) named in Tab 1 will be pre-populated.
  - No other names will pre-populated; listing an individual in Tab 5 (Budget) does **not** automatically list them in Tab 3.



# Tab 4 – Required Documents

- Purpose: Repository for essential application components and documents prepared by applicant describing project.
- Most components should be uploaded as PDF documents.
- Do not combine multiple documents into a single PDF; each document has a separate upload field.
  - Exceptions include Letters of Commitment (combine all letters into 1 PDF) and Key Personnel Biosketches (combine up to 3 biosketches into 1 PDF)
- Page limits and formatting instructions are specified in the *Instructions for Applicants*
- Abstract and Significance & Goals and Objectives sections use text boxes
  - Type directly in text boxes
  - Character limits include spaces
  - Use plain text



# Goals and Objectives

The screenshot shows a web form interface for entering goals and objectives. It features two main text input areas. The first is labeled "Goal 1" and has a "1300 character limit including spaces" indicator. Below it is a second area labeled "Objective 1", also with a "1300 character limit including spaces" indicator. At the bottom left of the form, there are two blue hyperlinks: "Add objective" and "Add goal". At the bottom center, there is a button labeled "Save Goals and Objectives as Draft".

- Must propose at least 1 goal with at least 1 associated objective
- All mechanisms allow for up to 3 applicant-proposed goals
- Up to 3 objectives allowed per goal



# Goals and Objectives – Patient Navigation

- **CSD:** CARS will also pre-populate a 4<sup>th</sup> **required** goal with 2 associated objectives focused on patient navigation; **do not change this text.**
  - A third objective may be added to the required navigation goal if relevant/appropriate.
- **PPC:** If your PPC project includes some associated screening activities, you **must** add the CSD-required patient navigation goal and associated objectives as a fourth/final goal.
  - Only PPC projects with a screening component may propose up to 4 total goals
  - The navigation goal will not be prepopulated; you **must** type the goal and objectives in; do **not** change the wording.

- ❖ **Goal:** 100% of patients with abnormal screening results will be given the opportunity to be navigated to and receive diagnostic testing and 100% of patients diagnosed with cancer that requires treatment will be navigated into treatment.
- ❖ **Objective 1:** 100% of patients whose screenings are abnormal will be provided with the opportunity to be navigated to and receive diagnostic testing.
- ❖ **Objective 2:** 100% of patients diagnosed with cancer, and requiring cancer treatment, will be navigated into treatment.



# Documents Required for All Applicants

- Project timeline (PDF)
  - Use general months/years instead of specific (Year 1, Month 1 instead of December 2026)
  - Ensure duration matches information in Tab 2 (Application Information)
- Project Plan
  - Follow required format specified in the relevant RFA.
  - Ensure all figures are legible
  - Do not provide hyperlinks/URLs
- Project References
  - Inclusion of article URLs encouraged
- CPRIT Grants Summary
  - You must use the **CPRIT template**
  - List only CPRIT Prevention grants
  - If none, write “N/A” in document and upload



# Documents Required for All Applicants (2)

- Biographical sketches
  - Required for PD, Co-PDs (if named), and Evaluation Professional
  - Must use **CPRIT template** or NIH Biographical Sketch template
  - Do not exceed 5 pages per biosketch
  - Each of these biosketches have their own upload slot
  - Key Personnel Biographical Sketches are optional
    - Up to 3 biosketches of key personnel may be uploaded
    - Combine into a single document
    - Do not duplicate PD, Co-PD, or Evaluation Professional biosketches in this section
- Current and Pending Support
  - You must use **CPRIT template**
  - List all current and pending grants supporting the proposed project
  - If none, enter “N/A” on form and upload



# Documents Required for All Applicants (3)

- Letters of Commitment/Memoranda of Understanding (MOU)
  - Combine all letters into a single PDF (10-page limit; max 2 letters per page)
  - If clinical services are to be **both provided and paid for** by a third-party, include a letter of commitment/MOU from each provider. The letter of commitment/MOU must include the number of clinical services to be provided, a description of these services, and a statement that the provider does not expect reimbursement for provided services.
  - If no letters are provided, upload as PDF an explanation as to why.
- Budget Justification
  - Concise description of support requested for entire project
  - Address all categories from Budget form (Personnel, Travel, Equipment, Supplies, Contractual Services, Other)
  - Detail how proposed clinical services will be supported even if not included in your CPRIT budget request.
  - See detailed guidance provided in RFAs regarding funding restrictions



# Documents Required for Some Applicants

- Resubmission Summary
  - Required for projects previously submitted to CPRIT Prevention that were not funded.
  - Describe how you have revised your application to address reviewer feedback.
  - Focus on Summary of Panel Discussion and major themes; no need to address weaknesses identified by individual reviewers.
  - There is no template for this document.
- Most Recently Funded Relevant CPRIT Prevention Project Summary
  - Required for all Expansion applications.
  - May be submitted with New applications if applicant has a CPRIT Prevention-funded project in a similar area.
  - Do not provide if you do not already have related funding from the CPRIT Prevention program.
  - There is no template for this summary.



# Required Documents - Templates



## Current Funding Opportunities

### Prevention Programs

#### Award Mechanism

**Cancer Screening and Early Detection** - This award mechanism seeks to support the delivery of evidence-based clinical services to screen for cancer and precancer in priority populations who do not have adequate access to screening and early detection interventions and health care, bringing together networks of public health and community partners to carry out programs tailored for their communities. Screening for cancer recurrence or a new primary cancer in the cancer survivor population is supported by this mechanism. Projects should identify cancers that cause the most burden in the community, have nationally recommended screening methods, and use evidence-based interventions to screen for these cancers. Delivery of clinical services is restricted to residents of Texas.

Award: Maximum of \$1.5M for new projects and \$2.5M for expansion projects; Duration: Maximum 5 years

**Dissemination of CPRIT-Funded Cancer Control Interventions** - This award mechanism seeks to fund programs that facilitate the sharing and uptake of successful CPRIT Prevention Program-supported projects, results, and products through their dissemination and implementation across Texas. CPRIT supports applications surrounding the dissemination of successful projects, as well as the dissemination of products, specific tangible deliverables, or outputs created within a successful project. To be eligible, the applicant should be in a position to develop 1 or more "products" based on the results of a previously CPRIT-funded intervention project. The proposed project should describe and package strategies or approaches for dissemination to other partners, settings, and populations in the state. The proposed project would introduce, modify, and implement previously funded CPRIT evidence-based cancer prevention and control interventions that have been shown to be successful in their initial CPRIT-funded programs.

Award: Maximum of \$450,000; Duration: Maximum 3 years

**Primary Prevention of Cancer** - This award mechanism focuses on increasing implementation of evidence-based interventions to ensure that all Texans benefit from the cancer prevention knowledge that we currently have. CPRIT seeks to fund multilevel interventions to reduce cancer risk, disease burden, and cancer disparities for priority populations, including cancer survivors. Modifiable risk behaviors include tobacco use, obesity, physical inactivity, unhealthy eating, alcohol use, sun exposure, HPV vaccination, hepatitis B vaccination, and environmental/occupational cancer exposures. Applications should also assess and address social determinants that contribute to cancer burden and disparities (eg, unmet needs, access barriers). Interventions and communications should be structured to address the unique circumstances of the population to be served.

Award: Maximum of \$1M for new projects and \$2.5M for expansion projects; Duration: Maximum 3 years

#### Documents and Forms

[Request for Application \(RFA\)](#)

[Instructions for Applicants](#)

Opens 3-18-26

[Request for Application \(RFA\)](#)

[Instructions for Applicants](#)

Opens 3-18-26

[Request for Application \(RFA\)](#)

[Instructions for Applicants](#)

Opens 3-18-26

[Show All Current Funding Opportunities](#)

**NOTE:** Award mechanism-specific forms shown above, supercede the generic documents below. If the form is not listed with the award mechanism, please use the generic version of the form below.

### Application Templates

#### Templates

Prevention Programs: Biographical Sketches

Prevention Programs: Current and Pending Support

Prevention Programs: Current and Pending Support Example

Prevention Programs: CPRIT Grants Summary

To save a copy of the forms above, right-click on the name, select the 'Save' option from the pop-up menu. This may vary depending on your browser.

Word/Excel

PDF



- Biographical Sketches – this or NIH template must be used
- Current and Pending Support – must be used
- CPRIT Grants Summary – must be used



# Tab 5 - Budget

- Includes 4 subtabs to address
- Budget for All Project Personnel
  - PD and Co-PD (if applicable) names are prepopulated
  - Add other individuals working on project in Year 1 as applicable
  - Include even if unpaid (list base salary as 0 and indicate % effort)
- Detailed Budget for Year One
  - Itemize non-personnel spending categories for Year 1
  - Indirect costs may not exceed 5% of total request
  - Subaward indirect costs contribute to overall indirect costs
- Budget for Entire Proposed Period of Performance
  - Budget Year One prepopulated from previous sub-tabs
  - Provide non-itemized budget request for each category of spending for the remaining years of the project
  - Total may not exceed the funding limit allowed by the mechanism
- Budget Justification
  - Links back to Tab 4 (Required Documents), where justification is uploaded as PDF



# Common Issues to Avoid

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- Unable to submit by deadline
  - Do not wait until a few minutes before the deadline to submit
  - Give yourself time to troubleshoot
  - Remember that only the ASO (or Alternate ASO) can submit the application to CPRIT
- Draft versions of documents uploaded
- Document uploaded without required template
- Specific dates used in Timeline (use “Month 1” instead of “December 2026”)
- Illegible figures or graphs
- Inclusion of more than 3 biosketches in Key Personnel Biosketches
- Inclusion of hypertext, URLs throughout application
- Letters of Commitment contain extraneous materials
- Application incorrectly submitted as “New” instead of “Resubmission”



# Contact Us

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# Questions and Answers