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CANCER PREVENTION & RESEARCH  
INSTITUTE OF TEXAS

**REQUEST FOR APPLICATIONS**  
**RFA P-27.1-DI**

**Dissemination of CPRIT-Funded Cancer**  
**Control Interventions**

**Please also refer to the Instructions for Applicants document**

**Application Receipt Opening Date:** March 18, 2026

**Application Receipt Closing Date:** June 10, 2026

**FY 2027**

Fiscal Year Award Period

September 1, 2026-August 31, 2027

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## **RFA VERSION HISTORY**

Rev 2/25/2026 RFA release

## **1. ABOUT CPRIT**

The State of Texas has established the Cancer Prevention and Research Institute of Texas (CPRIT), which may issue up to \$6 billion in general obligation bonds to fund grants for cancer research and prevention.

CPRIT is charged by the Texas Legislature to do the following:

- Create and expedite innovation in the area of cancer research and enhance the potential for a medical or scientific breakthrough in the prevention of or cures for cancer;
- Attract, create, or expand research capabilities of public or private institutions of higher education and other public or private entities that will promote a substantial increase in cancer research and in the creation of high-quality new jobs in the State of Texas; and
- Develop and implement the Texas Cancer Plan.

### **1.1 Prevention Program Priorities**

Legislation from the 83rd Texas Legislature requires that CPRIT's Oversight Committee establish program priorities on an annual basis. The priorities are intended to provide transparency in how the Oversight Committee directs the orientation of the agency's funding portfolio. The Prevention Program's principles and priorities also guide CPRIT staff and the Prevention Review Council (PRC) on the development and issuance of program-specific Requests for Applications (RFAs) and the evaluation of applications submitted in response to those RFAs.

#### **Established Principles**

- Fund evidence-based interventions and their dissemination
- Support the prevention continuum of primary, secondary, and tertiary prevention

#### **Prevention Program Priorities**

- Prioritize populations disproportionately affected by cancer incidence, mortality, or cancer risk prevalence
- Prioritize geographic areas of the state disproportionately affected by cancer incidence, mortality, or cancer risk prevalence
- Prioritize populations with obstacles to cancer prevention, detection, diagnostic testing, treatment, and survivorship services

## 2. FUNDING OPPORTUNITY DESCRIPTION

### 2.1 Summary

The ultimate goals of the CPRIT Prevention Program are to reduce overall cancer incidence and mortality and to improve the lives of individuals who have survived or are living with cancer. The ability to reduce cancer death rates depends in part on the application of currently available evidence-based technologies and strategies. CPRIT fosters the primary, secondary, and tertiary prevention of cancer in Texas by providing financial support for a wide variety of evidence-based risk reduction, early detection, and survivorship interventions.

The **Dissemination of CPRIT-Funded Cancer Control Interventions (DI)** 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. **This award mechanism is open only to completed CPRIT Prevention Program-funded projects that have ended within the last 3 years or to ongoing expansion projects. A DI application may not be submitted while the original preventive service project is ongoing.** Applicants may request any amount of funding up to a maximum of \$450,000 in total funding over a maximum of 36 months. Up to 2 DI awards are allowed for each previously funded CPRIT Prevention Program project. Only 1 DI application per previously funded CPRIT Prevention Program project is permitted per cycle.

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. 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. A “product” refers to something that will have real-world impact in the prevention of cancer. Examples of “products” could be a decision support aid, a toolkit, an educational curriculum, data collection tool, etc. Of particular interest is the dissemination of “products” that address the unique challenges to program implementation in

resource-limited settings, particularly in nonmetropolitan, medically underserved populations, and medically underserved areas of the state.

The proposed project application should outline the partner organizations, communities, etc, that would be the recipients for the packaged strategies/products and how they would assist these recipients in preparing to implement the intervention and/or preparing to apply for grant funding, if needed or appropriate.

**The project application should include 2 or more ACTIVE dissemination strategies.** The **Dissemination and Implementation Models in Health [website](#)** defines active and passive dissemination strategies as follows: “Dissemination strategies describe mechanisms and approaches that are used to communicate and spread information about interventions to targeted users. Dissemination strategies are concerned with the packaging of the information about the intervention and the communication channels that are used to reach potential adopters and target audiences. **Passive dissemination** strategies include mass mailings, publication of information including practice guidelines, and untargeted presentations to heterogeneous groups. **Active dissemination** strategies include hands-on technical assistance, replication guides, point-of-decision prompts for use, and mass media campaigns. It is consistently stated in the literature that dissemination strategies are necessary but not sufficient to ensure widespread use of an intervention.”

## 2.2 Project Objectives

CPRIT seeks to fund projects that will provide 1 or more of the following:

- Dissemination of intervention implementation resources to public health professionals, health care practitioners, health planners, policymakers, and advocacy groups;
- Dissemination of plans, products, materials, and other resources about an intervention that would provide recipients with the strategies necessary to implement in other settings/systems (eg, quality improvement strategies in a health care system, changes in standards of care);
- Dissemination or scaling up of best practices (infrastructure and project resources) and evidence-based interventions for implementation (eg, implementation guides).

## 2.3 Award Description

The **DI** RFA solicits applications from 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 have been successfully implemented and evaluated and could be scaled up and/or applied to other systems and settings. **The ultimate goal is to expand successful models for the delivery of prevention interventions all across the state through adaptation or replication.** Applications surrounding the dissemination of successful projects, as well as the dissemination of products, specific tangible deliverables, or outputs created within a successful project will be considered.

Applicants to this RFA should outline specific implementation strategies they will utilize with targeted recipients to replicate or adapt project products to other settings or populations.

Implementation strategies are described as the processes, activities, and resources that are used to integrate interventions into usual settings (see <https://dissemination-implementation.org/>).

The following are required components of the project:

- **Active Dissemination Strategies:** This award will support both passive and active dissemination strategies but must include 2 or more active dissemination strategies. This award will also support implementation strategies in the form of technical assistance, coaching, and consultation within the time period of the grant. CPRIT recognizes that there are limits to the amount of technical assistance or coaching that can be accomplished within the grant period; however, priority will be given to those projects that identify and assist potential target partners/audiences in preparing to implement the intervention and/or preparing to apply for grant funding.

Examples of active dissemination strategies follow.

### **Tools/Models**

- Toolkits with materials, sample policies, procedures, and other products for spread of CPRIT-funded programs.
- Interactive websites that provide target audiences with key information on how to implement CPRIT-related interventions.

## **Implementation Guides**

- Targeted communication materials emphasizing how to disseminate project components to different populations, systems, and settings.
- Step-by-step implementation guides that describe how to translate an evidence-based intervention/program to broader settings. These would include guidelines for retaining core elements of the interventions or programs while offering suggested adaptations for elements that would enhance the adoption and sustainability of the programs in different populations, settings, or circumstances. (See Pathways Community HUB Manual: <https://www//ahrq.gov/innovations/hub/index.html>).

## **Training/Technical Assistance**

- Provision of training and technical assistance to guide target partners/audiences in developing their plans to adapt, refine, and implement their projects.
- **Dissemination Plan and Framework:** CPRIT’s DI grants are intended to fund dissemination projects that include a well-defined dissemination plan (as outlined in the Project Plan below) and are based in a specific theory, model and/or framework for Dissemination and Implementation. The [Dissemination and Implementation Models in Health Research and Practice webtool](#) is an interactive webtool designed to help researchers and practitioners develop a “logic model” or diagram for their research or practice question, select the dissemination and implementation (D&I) theories, models, and frameworks (TMFs) that best fit(s) their research question or practice problem, combine multiple D&I TMFs, adapt the D&I TMF(s) to the study or practice context, use the D&I TMF(s) throughout the research or practice process, and find existing assessments to measure the key constructs of the D&I TMF(s) selected. Applicants should describe the specific TMF(s) identified from the webtool or another similar source in the Project Plan.

- **Collaborative Partnerships:** Advancing cancer prevention and survivorship in Texas requires a comprehensive approach, one that leverages the strengths across sectors and builds trusted partnerships. Applicants are required to have collaborative partners to support their dissemination plan such as clinical service providers, community partners, and other key groups. Partnerships with other organizations that can support implementation and outreach to engage the priority populations for this project (eg, community-based organizations, local and voluntary agencies, nonprofit agencies, groups that represent priority populations) are encouraged.
  - Applicants should consider including service providers or community partners as subcontractors or consultants and allocate funds for collaboration. Understanding community perspectives is essential for reducing the unequal burden of cancer, addressing disparities, and setting priorities for prevention and control efforts. Projects that include approaches that help to ensure dissemination strategies are specifically meeting the needs of the communities they are serving (eg, community advisory boards, listening sessions, etc) are strongly encouraged.
  - Public-private partnerships can support transforming cancer care, improving access to timely diagnosis and treatment, and addressing disparities in underserved populations through innovative and collaborative solutions. Public sectors have a unique insight into the needs of their communities and the current barriers to cancer care. Private sector involvement can offer access to technical, scientific, and strategic resources at a scale that might otherwise be out of reach. Combined, these sectors can deliver meaningful change. Public-private partnerships where appropriate are allowable and encouraged especially if they can support long-term sustainability of the project goals.
- **The 2024 Texas Cancer Plan** provides a deliberate framework to ensure cancer control efforts target areas of greatest need and potential impact and encourages opportunities to leverage existing resources, avoid duplication, and maximize efficiency. The plan emphasizes collaboration among all cancer control stakeholders including public health agencies, community-based organizations, health care providers, institutions, government agencies, and community members to achieve meaningful progress in cancer prevention,

early detection, treatment, and survivorship. **Applicants are required to demonstrate how their proposed project aligns with the [2024 Texas Cancer Plan](#)**, specifically stating which goal(s) align with the plan.

Under this RFA, CPRIT **will not** consider the following:

- Applications to disseminate projects or successful project products not previously funded by CPRIT's Prevention Program
- Applications to disseminate original (not expansion) projects that are currently funded by CPRIT's Prevention Program
- Applications to disseminate projects solely to academic researchers
- Projects solely involving prevention/intervention research

Applicants interested in prevention research should review CPRIT's Academic Research RFAs (available at <http://www.cprit.texas.gov>).

## 2.4 Priorities

**Cancer Focus:** Applications addressing any cancer type(s) that are responsive to this RFA will be considered for funding. Priority will be given to applications to disseminate and replicate projects/products that when implemented can address the following program priorities set by the CPRIT Oversight Committee:

- Prioritize populations disproportionately affected by cancer incidence, mortality, or cancer risk prevalence
- Prioritize geographic areas of the state disproportionately affected by cancer incidence, mortality, or cancer risk prevalence
- Prioritize populations with obstacles to cancer prevention, detection, diagnostic testing, treatment, and survivorship services.

**Priority Populations:** Priority populations are subgroups that are underserved and disproportionately affected by cancer. Insured populations are not the priority of CPRIT's programs; however, some health promotion and education activities may include insured individuals as well as those who are underinsured or uninsured.

CPRIT-funded efforts **must address** one or more of these priority populations:

- Underinsured and uninsured individuals

- Medically underresourced communities
- Geographically or culturally isolated populations
- Medically underserved counties
- Medically underserved populations
- Populations with low health literacy skills
- Historically underserved or underrepresented populations
- Other populations or areas of the state with low screening rates, high incidence rates, and high mortality rates, focusing on individuals never before screened or who are significantly out of compliance with nationally recommended screening guidelines
- Other populations or areas of the state with a high prevalence of cancer-related behavioral risk factors (eg, tobacco use, obesity, physical inactivity)
- Cancer survivors who belong to one or more of the priority populations
- High-risk populations identified within the Texas Cancer Plan goals and objectives

## **2.5 Outcome-Driven Results**

CPRIT seeks applicants that demonstrate a strong commitment to evaluation of the project with a focus on outcome-driven results. Applicants are required to clearly describe their assessment and evaluation methodology. Applicants must demonstrate how these outcomes will ultimately impact incidence, mortality, morbidity, disparities, or quality of life. Evaluation and reporting of results should be headed by a professional who has demonstrated expertise in the field.

### **Reporting Requirements on Goals and Objectives**

Funded projects will be required to report both qualitative and quantitative output and outcome metrics (as appropriate for each project) through the submission of quarterly progress reports, annual reports, and a final report. See additional information about setting goals and objectives and evaluation overall in the [CDC Program Evaluation Framework](#).

## **2.6 Funding Information**

Applicants may request any amount of funding up to a maximum of \$450,000 in total funding over a maximum of 36 months. The funding maximum is for the entire grant period and is inclusive of both direct and indirect costs. It is not the maximum amount per year. Grant funds may be used to pay for salary and benefits, project supplies, equipment, costs for outreach and education, and

travel of project personnel to project site(s). Requests for funds to support construction, renovation, or any other infrastructure needs or requests to support lobbying will not be approved under this mechanism. Grantees may request funds for travel for 2 project staff to attend CPRIT's conference.

The budget should be well justified and proportional to the extent of the proposed project or project products to be disseminated. State law limits the amount of award funding that may be spent on indirect costs to no more than 5% of the **total** award amount.

## 2.7 Eligibility

- The applicant must be a Texas-based entity, such as a community-based organization, health institution, government organization, public or private company, college or university, or academic health institution.
- The applicant is eligible solely for the grant mechanism specified by the RFA under which the grant application was submitted.
- The designated PD will be responsible for the overall performance of the funded project. The PD must have relevant education and management experience and must reside in Texas during the project performance time.
- The evaluation of the project must be headed by a professional who has demonstrated expertise in the field and who resides in Texas during the time that the project is conducted.
- The applicant is not permitted to submit both a preventive service application (ie, initial expansion Cancer Screening and Detection or Primary Prevention of Cancer application) and a DI application based on the same original preventive service program during the same application cycle.
- Collaborations are permitted and encouraged, and collaborators may or may not reside in Texas. However, collaborators who do not reside in Texas are not eligible to receive CPRIT funds. Subcontracting and collaborating organizations may include public, not-for-profit, and for-profit entities. Such entities may be located outside of the State of Texas, but non-Texas-based organizations are not eligible to receive CPRIT funds.
- An applicant organization is eligible to receive a grant award only if the applicant certifies that the applicant organization, including the PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization (or any person related to 1 or more of these individuals within the second

degree of consanguinity or affinity), has not made and will not make a contribution to CPRIT or to any foundation created to benefit CPRIT.

- An applicant is not eligible to receive a CPRIT grant award if the applicant PD, any senior member or key personnel listed on the grant application, or any officer or director of the grant applicant's organization or institution is related to a CPRIT Oversight Committee member.
- The applicant must report whether the applicant organization, the PD, or other individuals who contribute to the execution of the proposed project in a substantive, measurable way (whether slated to receive salary or compensation under the grant award or not) are currently ineligible to receive state or federal grant funds because of scientific misconduct or fraud or have had a grant terminated for cause within 5 years prior to the submission date of the grant application.
- CPRIT grants will be awarded by contract to successful applicants. CPRIT grants are funded on a reimbursement-only basis. Certain contractual requirements are mandated by Texas law or by administrative rules. Although applicants need not demonstrate the ability to comply with these contractual requirements at the time the application is submitted, applicants should make themselves aware of these standards before submitting a grant application. Significant issues addressed by the CPRIT contract are listed in [section 6](#). All statutory provisions and relevant administrative rules can be found [on the CPRIT website](#).

## 2.8 Resubmission Policy

- **One resubmission** is permitted. An application is considered a resubmission if the proposed project is the same project as presented in the original submission. Resubmission applications must include a resubmission summary (see [section 4.4.6](#)).
- Reviewers of resubmissions are asked to assess whether the resubmission adequately addresses critiques from the previous review. **Applicants should note that addressing previous critiques is advisable; however, it does not guarantee the success of the resubmission.** All resubmitted applications must conform to the structure and guidelines outlined in this RFA.

### 3. KEY DATES

<b>RFA release</b>	February 25, 2026
<b>Online application opens</b>	March 18, 2026, 7 AM central time
<b>Application due</b>	June 10, 2026, 5 PM central time
<b>Application review</b>	July-September 2026
<b>Award notification</b>	November 2026
<b>Anticipated start date</b>	December 1, 2026

Applicants will be notified of peer review panel assignment prior to the peer review meeting dates.

### 4. APPLICATION SUBMISSION GUIDELINES

#### 4.1 *Instructions for Applicants* document

It is **imperative** that applicants read the accompanying instructions document for this RFA (<https://CPRITGrants.org>). Requirements may have changed from previous versions.

#### 4.2 **Online Application Receipt System**

Applications must be submitted via the CPRIT Application Receipt System (CARS) (<https://CPRITGrants.org>). **Only applications submitted through this portal will be considered eligible for evaluation.** The PD must create a user account in the system to start an application. The Co-PD, if applicable, must also create a user account to participate in the application. Furthermore, the Application Signing Official (a person authorized to sign and submit the application for the organization) and the Grants Contract/Office of Sponsored Projects Official (an individual who will help manage the grant contract if an award is made) also must create a user account in CARS. Applications will be accepted beginning at 7 AM central time on March 18, 2026, and must be submitted by 5 PM central time on June 10, 2026. Detailed instructions for submitting an application are in the *Instructions for Applicants* document, posted on CARS. **Submission of an application is considered an acceptance of the terms and conditions of the RFA.**

#### 4.3 **Submission Deadline Extension**

The submission deadline may be extended for grant applications upon a showing of good cause. All requests for extension of the submission deadline must be submitted via email to the [CPRIT](#)

[Helpdesk](#) within 24 hours of the submission deadline. If CPRIT approves the applicant's request for extension, then CPRIT will reopen CARS for a 2-hour window to allow an applicant with an unsubmitted application to complete and submit it. Submission deadline extensions, including the reason for the extension, will be documented as part of the grant review process records.

## 4.4 Application Components

Applicants are advised to follow all instructions to ensure accurate and complete submission of all components of the application. Refer to the *Instructions for Applicants* document for details.

**Submissions that are missing 1 or more components or do not meet the eligibility requirements may be administratively withdrawn without review.**

**Submissions that do not use the required templates or do not upload information in the appropriate area may be administratively withdrawn without review.**

### 4.4.1 Abstract and Significance (5,000 characters)

Clearly explain the problem(s) to be addressed, the approach(es) to the solution, and how the application is responsive to this RFA. In the event that the project is funded, the abstract will be made public; therefore, no proprietary information should be included in this statement. Initial compliance decisions are based in part upon review of this statement.

**The abstract format is as follows (use headings as outlined below):**

- **Need:** Include a description of need for the proposed project.
- **Overall Project Strategy:** Describe the project and how it will address the identified need.
- **Specific Goals:** State specifically the overall goals of the proposed project.
- **Significance and Impact:** Explain how the proposed project, if successful, will have a unique and major impact on cancer prevention and control and for the State of Texas.

### 4.4.2 Goals and Objectives (1,300 characters each)

List only the project's major **goals** and **measurable objectives** from the outcome evaluation. **Do not include process objectives from the planned process evaluation;** these should be described in the project plan only. See Key Terms ([Appendix A](#)) and the [CDC Program Evaluation Framework, 2024](#) for additional information.

- Goals are broad statements of general purpose to guide planning. For this section, focus on the outcome goals, which should be few in number and focus on aspects of highest importance to the project.
- Objectives should state how much of the goal will be accomplished within a certain time frame. Objectives should be specific, measurable, achievable, realistic, and time framed (SMART, see <https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf>). Each objective should include a target value, how progress toward this target will be measured, and how long it will take to achieve the target. Include the total target value for all years of the project within the objective. In addition, include a target value for each year in the section provided. For example, Year 1: 800, Year 2: 1,000, Year 3: 2,000, Total: 3,800. Refer to the *Instructions for Applicants* document for details.
- DI applicants are allowed to propose a maximum of **3 outcome goals** with up to 3 objectives each.

Projects will be evaluated annually on progress toward **all** outcome goals and objectives.

#### **4.4.3 Project Timeline (2 pages)**

Provide a project timeline for project activities that includes deliverables and dates. Use Years 1 and 2 and Months 1, 2, 3, etc, as applicable (eg, Year 1, Months 3-5), NOT specific months or years. Do NOT refer to specific months or years (eg, not December 2026). Month 1 (as opposed to December 1, 2026) is the first full month of the grant award.

#### **4.4.4 Project Plan (12 pages; fewer pages permissible)**

*The required project plan format follows. Applicants must use the headings outlined below.*

**Background:** Clearly describe the data demonstrating success of the CPRIT Prevention Program-funded project or one or more products of a project, that justifies dissemination. Describe the outcome metrics showing the effectiveness and success of the previously CPRIT-funded underlying intervention and why it lends itself to dissemination. Briefly state the specific goal(s) of the [2024 Texas Cancer Plan](#) that will be addressed through this project.

**Goals and Objectives:** Describe the process for achieving the planned goals and objectives. Outcome goals and objectives will be entered in separate fields in CARS. However, if desired, outcome goals and objectives may be briefly summarized here.

**Components of the Project:** Based on the results of the previous project, provide a step-by-step dissemination plan for this project including the following:

- Description of the project or “product” to be disseminated and the intended audience
- Relevance of this project for the priority populations and settings for dissemination
- Dissemination approach and strategies (eg, passive and active dissemination and implementation strategies; at least 2 active dissemination strategies are required)
- Description of how any anticipated barriers to dissemination will be addressed (eg, description of personnel engaged, cultural adaptation of materials)
- Partners identified to support reaching the intended audience and/or implementing the dissemination strategies including any support needed for partners to implement the project
- Concise summary of the dissemination theory, method, and/framework that will guide this project (see [Dissemination and Implementation Models](#) in the Health Research and Practice webtool)
- Approach for retaining core elements of the interventions or programs while offering suggested adaptations that would enhance the adoption and sustainability of the project products in different populations, settings, or circumstances
- Plans to help sustain effective dissemination approaches beyond the funding period (eg, supporting partners to prepare to apply for grant funding)

Dissemination plans should include approaches that would reach a wide audience and should not only include academic researchers. The dissemination approach and strategy should also consider the message, source, audience, and channel (Brownson, RC, et al. [J Pub Health Manag Pract. 2018;24\[2\]:102-111](#)). Consider approaches that include the following:

- A variety of channels
- Creative, user-friendly summaries—short issue or policy briefs that tell a story for local decision-makers based on CPRIT project findings
- Infographics that tell a story in creative and engaging ways

- Brief, user-friendly case studies and stories from program developers and recipients to illustrate key issues

Applicants should consider audience segmentation as outlined by Slater and colleagues (Slater, MD, et al. *Health Promot Pract.* 2006;7[2]:170-173). Some examples of potential partners/audiences as dissemination recipients are health departments, community-based organizations, and health systems. Audience segmentation is a strategy based on identifying subgroups within a broader target audience to disseminate more tailored messaging resulting in greater uptake of innovations. As an example, below are relevant characteristics, possible messages, and channels that should be taken into account for public health practitioners, clinical practitioners, and policymakers.

Segment	Relevant Characteristics	Messages	Channels
Public health practitioners	<ul style="list-style-type: none"> <li>• High commitment to health</li> <li>• Wide range of professional backgrounds</li> <li>• Access to summaries of evidence but often not the original research</li> <li>• Time urgency</li> </ul>	<ul style="list-style-type: none"> <li>• Make a difference in society</li> <li>• Improve health equity</li> <li>• Enhance resources</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership meetings</li> <li>• Professional associations</li> <li>• Brief summaries of evidence</li> </ul>
Clinical practitioners	<ul style="list-style-type: none"> <li>• High commitment to health</li> <li>• Narrow range of professional backgrounds</li> <li>• Time urgency</li> </ul>	<ul style="list-style-type: none"> <li>• Improve patient care</li> <li>• Improve health equity</li> </ul>	<ul style="list-style-type: none"> <li>• Journal articles</li> <li>• Professional associations</li> <li>• Professional conferences</li> <li>• Brief summaries of evidence</li> </ul>

Policymakers	<ul style="list-style-type: none"> <li>• Variable commitment to health (often limited knowledge across many issues)</li> <li>• Wide range of professional backgrounds</li> <li>• Short-term horizon for outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Serve constituents</li> <li>• Create return on investment</li> <li>• Get reelected</li> </ul>	<ul style="list-style-type: none"> <li>• Real-world stories</li> <li>• Brief summaries of evidence</li> <li>• Delivery of messages by opinion leaders</li> </ul>
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**Evaluation Plan:** A strong commitment to evaluation of the project is required. Describe the evaluation plan and methodology to assess dissemination effectiveness (eg, include short-term and intermediate impact of dissemination activities, knowledge, and behavior change among the audience likely to adopt the project). Describe a clear and appropriate plan for data collection and interpretation of results to report against goals and objectives. State the overall goal and clear and time-bound objectives of the evaluation, describe appropriate evaluation methods, and describe key variables to be measured (eg, awareness, knowledge, motivation to act, changes in practice). Measures (outcomes) may be short term, medium term, and long term. Long-term measures may be outside the scope of the 3-year funding period. Examples of dissemination outcomes are found in the review by Baumann and colleagues (Baumann, et al. *Implement Sci.* 2022;17[1]:53. doi:10.1186/s13012-022-01225-4). In addition to the measures, the applicant should specify the evaluation design, sampling and data collection methods, plans for analysis, and as appropriate, steps to maximize the validity and reliability of measures and findings. The applicant is expected to publish the results of the evaluation in a peer-reviewed journal.

If needed, applicants may want to consider seeking expertise at Texas-based academic cancer centers, schools/programs of public health, prevention research centers, or the like. Applicants should budget accordingly for the evaluation activity and should ensure, among other things, that the evaluation plan is linked to the proposed goals and objectives.

**Organizational Qualifications and Capabilities:** Describe the organization and its qualifications and capabilities to deliver the proposed project. Describe the role and qualifications of key collaborating organizations/partners (if applicable) project as well as any past experiences of collaborative work and how they add value to the project and demonstrate commitment to working

together to implement the project. Describe the key personnel who are in place or will be recruited to implement, evaluate, and complete the project.

#### **4.4.5 References**

Provide a concise and relevant list of references cited for the application. The successful applicant will provide referenced evidence and literature support for the proposed project.

#### **4.4.6 Resubmission Summary (2 pages)**

Resubmission applications must include a resubmission summary that will be evaluated and assessed for responsiveness to previous critiques. Describe the approach to the resubmission and provide a bulleted list of changes between the previous and current applications. If the previous submission was discussed by the review panel, describe how weaknesses identified in the Summary of Panel Discussion portion of the Summary Statement have been addressed and improved. It is not necessary to address weaknesses identified by individual reviewers. If the previous submission was not discussed by the review panel, describe how major themes identified across the reviewers have been addressed and improved. Refer the reviewers to specific sections of other documents in the application where further detail on the points in question may be found.

**There is no template or form for this information.**

The summary statement of the original application review, if previously prepared, will be automatically appended to the resubmission; the applicant is not responsible for providing this document.

#### **4.4.7 CPRIT Grants Summary**

All applicants must provide a listing of **all** projects funded by the CPRIT Prevention program for the PD and the Co-PD, regardless of their connection to this application. **Use the template provided on CARS (<https://CPRITGrants.org>)**. If no previous CPRIT Prevention funding has been received, indicate “not applicable” or “N/A” on the form and upload the document.

#### **4.4.8 Budget and Justification**

Provide a brief outline and detailed justification of the budget for the entire proposed period of support, including salaries and benefits, travel, supplies, contractual expenses, and other expenses.

CPRIT funds will be distributed on a reimbursement basis. Applications requesting more than the maximum allowed cost (total costs) as specified in [section 2.6](#) will be administratively withdrawn.

- **Personnel:** The individual salary cap for CPRIT awards is \$225,000 per year. Describe the source of funding for all project personnel where CPRIT funds are not requested. Up to 2 Co-PDs can be named on an application.
- **Travel:** PDs and related project staff are expected to attend CPRIT's conference. CPRIT funds may be used to send up to 2 people to the conference. Meals are not reimbursable for trips that do not include an overnight stay.
- **Equipment:** Any tangible, nonexpendable personal property with an acquisition cost of \$10,000 or more for each item and a useful life of more than one year or non-copyrightable intangible property costing \$500 or more that is developed, produced or obtained by contractor, including domain names, URLs, internally developed software, etc.
- **Supplies:** Includes medical supplies, medications, office supplies, patient education supplies, Wi-Fi cards, laptops and iPads, and any other consumable items necessary to carry out the project.
- **Contractual:** An application may designate funds to an organization under contractual services. In the case of meals/food, the organization may allocate funds for the labor to pack and distribute the food, but the food items would have to be purchased using a different source of funds, or in kind. CPRIT will not reimburse the purchase of food directly or indirectly.
- **Other:**
  - **Participant Payments:** Use of participant payments to facilitate participation in a program supported with CPRIT funds or positive rewards to change or elicit behavior is allowed; however, payments may only be used based on strong evidence of their effectiveness for the purpose and in the priority population identified by the applicant. CPRIT will not fund cash reimbursements. The maximum dollar value allowed for a participant payment per person, per activity or session, is \$25.
    - Applicants are not permitted to pay individuals to complete procedures; therefore, it is not allowable to give a maximum \$25 plus a travel reimbursement per patient service. The travel reimbursement, outlined below, would be the sole item permitted for a patient that had a visit or procedure. If you are reimbursing

individuals for a focus group or interview, then just the \$25 maximum participant payment per service is allowed. They should not receive an additional travel reimbursement.

- **Participant Travel Reimbursement:** Patients may be reimbursed for travel to cancer service-related appointments if transportation is a financial barrier. CPRIT will not fund cash reimbursements. This is exclusively for patient travel. Grantee personnel travel should be listed under the travel section, and subcontractor travel should be listed within that specific subcontract/agreement.

<b>Miles Traveled</b>	<b>Participant Reimbursement Per Trip</b>
Up to 50	Up to \$25
51-99	Up to \$50
100+	Up to \$75

- Other reimbursable charges may include internet services, telephone expenses, printing expenses/copying services, postage, service agreements, publication fees, and software.
- **Conference/Seminar Registration Fees (not associated with travel):** Conference and seminar registration fees, including those associated with the CPRIT conference, paid prior to travel should be reported in the “Other” category.
- **Indirect/Shared Costs:** Texas law limits the amount of grant funds that may be spent on indirect/shared expenses to no more than 5% of the total award amount (5.263% of the direct costs). Indirect costs reimbursed to subcontractors count toward the total allowable indirect costs. Guidance regarding indirect cost recovery can be found in [CPRIT’s Administrative Rules](#). Indirect costs on contractual invoices are not reimbursable unless the grantee is counting those indirect costs toward their 5% indirect costs reimbursement limit. These indirect costs should be reflected in the indirect cost budget category.

#### **4.4.9 Current and Pending Support and Sources of Funding**

All applicants that currently receive funding from other agencies must provide a summary of the funding received. **Use the template provided on the CARS (<https://CPRITGrants.org>).** Describe the funding source and duration of **all** current and pending support for the proposed project, including a capitalization table that reflects private investors, if any. Information for the initial

funded project need not be included. If no previous funding has been received, indicate “not applicable” or “N/A” on the form and upload the document.

#### **4.4.10 Biographical Sketches**

The designated PD will be responsible for the overall performance of the funded project and must have relevant education and management experience. The PD/Co-PDs must provide a biographical sketch that describes his or her education and training, professional experience, awards and honors, and publications and/or involvement in programs relevant to cancer prevention and/or service delivery.

- Use the Co-PD Biographical Sketch section ONLY if a Co-PD has been identified. Up to 2 Co-PDs can be named on an application. A biographical sketch for all Co-PDs is required if one has been identified.
- The evaluation professional must provide a biographical sketch in the Evaluation Professional Biographical Sketch section.
- Up to 3 additional biographical sketches for key personnel may be provided in the Key Personnel Biographical Sketches section.

Each biographical sketch must not exceed 5 pages and must use the “[Prevention Programs: Biographical Sketch](#)” template provided on CARS (<https://CPRITGrants.org>) or the NIH Biographical Sketch format. Only biographical sketches will be accepted; do not submit resumes and/or CVs.

#### **4.4.11 Personnel and Collaborating Organizations**

List ALL paid and unpaid personnel working on the proposed project, including those listed on the budget form, as well as partners, collaborators, and anyone listed under the Current & Pending Support section. The purpose of this section is for reviewers to be able to determine if they have any conflicts of interest with any of the listed individuals, at which point they would be required to recuse themselves from the review of the application. This list should be as complete as possible, as it is used by reviewers before they are given access to the application.

List all key participating organizations that will partner with the applicant organization to provide 1 or more components essential to the success of the program (eg, evaluation).

#### **4.4.12 Letters of Commitment (10 pages)**

Applicants may provide optional letters of commitment and/or memoranda of understanding from community organizations, key faculty, or any other component essential to the success of the program. Letters should be specific to the contribution of each organization. Letters of commitment are not required for *all* applicants, but they are highly encouraged.

## **5. APPLICATION REVIEW**

### **5.1 Review Process Overview**

All eligible applications will be reviewed using a 2-stage peer review process. In the first stage, a peer review panel will evaluate the applications using the criteria listed below. Peer review panels may be comprised of PRC members, independent reviewers, or a combination thereof. In the second stage, applications judged to be meritorious by the peer review panel will be evaluated by the PRC and recommended for funding based on comparisons with applications from the review panels and programmatic priorities.

Programmatic considerations may include, but are not limited to, geographic distribution, cancer type, population served, and type of program or service. The peer review scores are only 1 factor considered during programmatic review. At the programmatic level of review, priority will be given to proposed projects that target geographic regions of the state or population subgroups that have fewer projects in the current CPRIT Prevention project portfolio.

Applications approved by the PRC will be forwarded to the CPRIT Program Integration Committee (PIC) for review. The PIC will consider factors including program priorities set by the Oversight Committee, portfolio balance across programs, and available funding. The CPRIT Oversight Committee will vote to approve each grant award recommendation made by the PIC. The grant award recommendations will be presented at an open meeting of the Oversight Committee and must be approved by two-thirds of the Oversight Committee members present and eligible to vote. The review process is described more fully in CPRIT's Administrative Rules, [chapter 703, sections 703.6 through 703.8](#).

Each stage of application review is conducted confidentially, and all CPRIT Peer Review Panel members, PRC members, PIC members, CPRIT employees, and Oversight Committee members

with access to grant application information are required to sign nondisclosure statements regarding the contents of the applications. All technological and scientific information included in the application is protected from public disclosure pursuant to Health and Safety Code §102.262(b).

Individuals directly involved with the review process operate under strict conflict-of-interest prohibitions. All CPRIT Peer Review Panel members and PRC members are non-Texas residents.

**By submitting a grant application, the applicant agrees and understands that the only basis for reconsideration of a grant application is limited to an undisclosed Conflict of Interest as set forth in CPRIT's Administrative Rules, [chapter 703, section 703.9](#).**

Communication regarding the substance of a pending application is prohibited between the grant applicant (or someone on the grant applicant's behalf) and the following individuals: an Oversight Committee member, a PIC member, a Review Panel member, or a PRC member.

Applicants should note that the CPRIT PIC comprises the CPRIT Chief Executive Officer, the Chief Scientific Officer, the Chief Prevention Officer, the Chief Product Development Officer, and the Commissioner of State Health Services. The prohibition on communication begins on the first day that grant applications for the particular grant mechanism are accepted by CPRIT and extends until the grant applicant receives notice regarding a final decision on the grant application. The prohibition on communication does not apply to the time period when preapplications or letters of interest are accepted. Intentional, serious, or frequent violations of this rule may result in the disqualification of the grant application from further consideration for a grant award.

## **5.2 Review Criteria**

Peer review of applications will be based on primary scored criteria and secondary unscored criteria, identified below. Review committees consisting of experts in the field and advocates will evaluate and score each primary criterion and subsequently assign an overall score that reflects an overall assessment of the application. The overall evaluation score is not an average of the scores of individual criteria; rather, it reflects the reviewers' overall impression of the application, potential for impact, and responsiveness to the RFA priorities.

## 5.2.1 Primary Evaluation Criteria

### Impact

- Does the applicant describe the project to be disseminated and how and why it lends itself to dissemination?
- Does the applicant outline the target metrics established for the CPRIT Prevention Program-funded project and describe the effectiveness of the intervention that is being proposed for replication/dissemination?
- Do the data (results) demonstrate success of the CPRIT Prevention Program-funded project and justify dissemination?
- Has the applicant convincingly demonstrated the short- and long-term impacts of the project?

### Project Strategy and Feasibility

- Does the proposed project address the requirements of the RFA? Does it include a step-by-step dissemination plan?
- Are the overall project dissemination approach, strategy, and design clearly described and supported by established theory, model, or framework and likely to result in successful dissemination and adoption?
- Are 2 or more active dissemination strategies described?
- Are dissemination strategies tailored to the characteristics of target audiences?
- Are the proposed objectives and activities feasible within the duration of the award?
- If the CPRIT Prevention Program-funded project is to be adapted for different populations and settings, are specific adaptations and evaluation strategies clearly outlined as a part of the project?
- Does the project identify and assist potential target audiences in preparing to implement the intervention and/or preparing to apply for grant funding?
- Does the application adequately describe the Texas Cancer Plan goal(s) that will be addressed through this project?

### Evaluation

- Are specific goals and measurable objectives for each year of the project provided?
- Are the proposed measures appropriate for the project?

- Does the application provide a clear and appropriate plan for data collection and interpretation of results to report against goals and objectives?
- If the application is a resubmission, have the weaknesses identified in the Summary of Panel Discussion portion of the Summary Statement from the previous review been addressed and improved?

### **Organizational Qualifications and Capabilities**

- Do the organization and its collaborators/partners (if applicable) demonstrate the ability to deliver the proposed project?
- Are the appropriate personnel in place or have they been recruited to develop, evaluate, and complete the project?
- Does the applicant include the appropriate partners for this program to successfully reach the intended audience?

## **5.2.2 Secondary Evaluation Criteria**

### **Budget**

- Is the budget appropriate and reasonable for the scope of the proposed work?
- Are all costs well justified?
- Is the project a good investment of Texas public funds?

## **6. AWARD ADMINISTRATION**

Texas law requires that CPRIT grant awards be made by contract between the applicant and CPRIT. CPRIT grant awards are made to institutions or organizations, not to individuals. Award contract negotiation and execution will commence once the CPRIT Oversight Committee has approved an application for a grant award. CPRIT may require, as a condition of receiving a grant award, that the grant recipient use CPRIT’s electronic Grant Management System to exchange, execute, and verify legally binding grant contract documents and grant award reports. Such use shall be in accordance with CPRIT’s electronic signature policy as set forth in [chapter 701, section 701.25](#).

Texas law specifies several components that must be addressed by the award contract, including needed compliance and assurance documentation, budgetary review, progress and fiscal

monitoring, and terms relating to revenue sharing and intellectual property rights. These contract provisions are specified in CPRIT's [Administrative Rules](#). Applicants are advised to review CPRIT's administrative rules related to contractual requirements associated with CPRIT grant awards and limitations related to the use of CPRIT grant awards as set forth in [chapter 703, sections 703.10, 703.12](#).

Prior to disbursement of grant award funds, the grant recipient organization must demonstrate that it has adopted and enforces a tobacco-free workplace policy consistent with the requirements set forth in CPRIT's Administrative Rules, [chapter 703, section 703.20](#).

The [CPRIT Policies and Procedures Guide](#) provides the framework for the review, award, implementation, and monitoring of CPRIT-funded research and prevention grant awards, as well as information on the rules and requirements that applicants and recipients of CPRIT grant awards must follow.

## 7. CONTACT INFORMATION

### 7.1 Helpdesk

Helpdesk support is available for questions regarding user registration and online submission of applications. Queries submitted via email will be answered within 1 business day. Helpdesk staff are not able to answer questions regarding the scope and focus of applications. Before contacting the Helpdesk, please refer to the *Instructions for Applicants* document, which provides a step-by-step guide to using CARS.

**Hours of operation:** Monday through Friday, 8 AM to 6 PM central time

**Tel:** 866-941-7146

**Email:** [Help@CPRITGrants.org](mailto:Help@CPRITGrants.org)

### 7.2 Program Questions

Questions regarding the CPRIT Prevention program, including questions regarding this or any other funding opportunity, should be directed to the CPRIT Prevention Program Office.

**Tel:** 512-626-2358

**Email:** [prevention@cprit.texas.gov](mailto:prevention@cprit.texas.gov)

**Website:** [www.cprit.texas.gov](http://www.cprit.texas.gov)

## 8. RESOURCES

- Agency for Healthcare Research and Quality Pathways Community HUB Manual. <https://www.ahrq.gov/innovations/hub/index.html>
- Cancer Prevention and Control Research Network: Putting Public Health Evidence in Action Training Workshop. <http://cpcrn.org/pub/evidence-in-action/>
- Centers for Disease Control and Prevention Program Evaluation Framework. [CDC Program Evaluation Framework, 2024](#)
- Centers for Disease Control and Prevention. Distinguishing Public Health Research and Public Health Nonresearch. <https://stacks.cdc.gov/view/cdc/24235>
- Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. <https://www.cdc.gov/places/index.html>
- Centers for Disease Control and Prevention. Talking with Parents about HPV Vaccination. <https://www.cdc.gov/hpv/hcp/vaccination-considerations/talking-with-parents.html>
- Centers for Disease Control and Prevention: The Program Sustainability Assessment Tool: A New Instrument for Public Health Programs. [http://www.cdc.gov/pcd/issues/2014/13\\_0184.htm](http://www.cdc.gov/pcd/issues/2014/13_0184.htm)
- Centers for Disease Control and Prevention: Using the Program Sustainability Tool to Assess and Plan for Sustainability. [http://www.cdc.gov/pcd/issues/2014/13\\_0185.htm](http://www.cdc.gov/pcd/issues/2014/13_0185.htm)
- Colorectal Cancer Control Program. Social Ecological Model. <http://medbox.iiab.me/modules/en-cdc/www.cdc.gov/cancer/crccp/sem.htm>
- Community Commons: An Introduction to Policy, Systems, and Environmental Change. <https://www.communitycommons.org/collections/An-Introduction-to-Policy-Systems-and-Environmental-PSE-Change>
- Comprehensive Cancer Control. Policy, Systems, and Environmental Change Resource Guide. <https://cccnationalpartners.org/resources/>
- Department of State Health Services. Cancers Associated with Modifiable Risk Factors <https://www.dshs.texas.gov/texas-cancer-registry/cancer-statistics>

- Dissemination and Implementation Models in Health. <https://dissemination-implementation.org/>
- Environmental and Occupational Interventions for Primary Prevention of Cancer: A Cross-Sectorial Policy Framework. Espina C, Porta M, Schüz J, Aguado IH, Percival RV, Dora C, Slevin T, Guzman JR, Meredith T, Landrigan PJ, Neira M. *Environ Health Perspect*. 2013 Apr;121(4):420-6. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3620754/>
- Guide to Clinical Preventive Services: Recommendations of the U.S. Preventive Services Task Force. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/>
- Leveraging Healthy People 2030 to Build Non-Traditional Multisector Partnerships <https://www.astho.org/topic/toolkit/building-non-traditional-public-health-multisector-partnerships/>
- National Breast and Cervical Cancer Early Detection Program Writing Effective Objectives. <https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf>
- National Comprehensive Cancer Control Program. <https://www.cdc.gov/cancer/ncccp/index.htm>
- NCI Evidence-Based Cancer Control Program (EBCCP). <https://ebccp.cancercontrol.cancer.gov/index.do>
- Program Sustainability Assessment Tool, Washington University, St Louis, MO, <https://www.sustaintool.org/psat/>
- Texas Health and Human Services Health Facts Profiles, Center for Health Statistics. <http://healthdata.dshs.texas.gov/HealthFactsProfiles>
- Texas Health and Human Services Population Profiles. <https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/health-facts-profiles/population-profiles>
- The Community Guide. <https://www.thecommunityguide.org/>
- The Texas Cancer Plan. <https://www.texascancerplan.org>

- The Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services. <https://www.cancer-rates.info/tx/>
- The Texas Cancer Registry. <https://www.dshs.texas.gov/tcr> or contact the Texas Cancer Registry at the Department of State Health Services.
- Traditional and Non-Traditional Partners: Real World Examples: [https://acs4ccc.org/wp-content/uploads/2024/08/Traditional\\_-Non-Traditional-Partner\\_Examples.pdf](https://acs4ccc.org/wp-content/uploads/2024/08/Traditional_-Non-Traditional-Partner_Examples.pdf)
- US Department of Health and Human Services MUA/P Designations. <https://data.hrsa.gov/topics/health-workforce/shortage-areas/mua-find>
- US Preventive Services Task Force (USPSTF). <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics>
- What Works for Health. <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>

## 9. REFERENCES

- Baumann AA, Hooley C, Kryzer E, et al. A scoping review of frameworks in empirical studies and a review of dissemination frameworks. *Implement Sci.* 2022;17(1):53. doi:10.1186/s13012-022-01225-4.
- Slater MD, Kelly KJ, Thackeray R. Segmentation on a shoestring: health audience segmentation in limited-budget and local social marketing interventions. *Health Promot Pract.* 2006;7(2):170-173.
- Brownson RC, Eyster AA, Harris JK, Moore JB, Tabak RG. Getting the Word Out: New Approaches for Disseminating Public Health Science. *J Public Health Manag Pract.* 2018;24(2):102-111. [https://journals.lww.com/jphmp/Fulltext/2018/03000/Getting\\_the\\_Word\\_Out\\_New\\_Approaches\\_for.4.aspx](https://journals.lww.com/jphmp/Fulltext/2018/03000/Getting_the_Word_Out_New_Approaches_for.4.aspx)

## APPENDIX A: KEY TERMS

- **Capacity Building:** Any activity (eg, training, identification of alternative resources, building internal assets) that builds durable resources and enables the grantee's setting or community to continue the delivery of some or all components of the evidence-based intervention.
- **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. Other examples include genetic testing or assessments, physical rehabilitation, tobacco cessation counseling or nicotine replacement therapy, case management, assessments prior to an intervention, clinical assessments, family history screening, or other supportive and therapeutic services provided to individuals diagnosed with or at risk for cancer.
- **Counties of Residence of Population Served:** Counties where the project does not plan to have a physical presence but people who live in these counties have received services. This includes counties of residence of people or places of business of professionals who participate in or receive education, navigation, or preventive practices/services. Examples include people traveling to receive services as a result of marketing and programs accessible via the website or social media. These counties may be described in the project plan and must be reported in the quarterly progress report.
- **Location of Clinical Services Provided:** Counties where an activity or service will occur and the project has a physical presence for the services provided. Examples include onsite outreach and educational activities and delivery of clinical services through clinics, mobile vans, or telemedicine consults. These counties must be entered in the Geographic Area to be Served section of the application.
- **Education Services:** Evidence-based, culturally appropriate cancer prevention and control education and outreach services delivered to the public and to health care professionals. Examples include education or training sessions (group or individual), focus groups, and knowledge assessments. One individual may receive multiple education services.

- **Evidence-Based Intervention:** An intervention or strategy whose effectiveness is validated by and grounded in research or applied evidence. CPRIT’s website provides links to resources for evidence-based strategies, programs, and clinical recommendations for cancer prevention and control. To access this information, visit <https://www.cprit.state.tx.us/our-programs/prevention>. Additional resources are also available in the Resources section of this RFA.
- **Goals:** Broad statements of general purpose to guide planning. Outcome goals should be few in number and focus on aspects of highest importance to the project.
- **Integration:** The extent the evidence-based intervention is integrated within the culture of the grantee’s setting or community through policies and practice.
- **Navigation Services:** Activities/services that offer assistance to help overcome health care system barriers in a timely and informative manner to improve health care access and outcomes. Examples include patient reminders, transportation assistance, and appointment scheduling assistance. One individual may receive multiple navigation services.
- **Number of Clinical Services:** Number of [clinical services](#) delivered directly to members of the public by the funded project. One individual may receive multiple clinical services.
- **Number of Services (Direct Contact):** Number of services delivered directly to members of the public and/or professionals—direct, interactive public or professional education, outreach, training, navigation service, or clinical service, such as live educational and/or training sessions, vaccine administration, case management/navigation services, and physician consults. One individual may receive multiple services.
- **Objectives:** Specific, **measurable**, actionable, realistic, and timely projections for outcomes. Each objective should include a target value, how progress toward this target will be measured, and how long it will take to achieve the target. Include the **total** target value for all years of the project within the objective. In addition, include a target value for **each** year in the section provided. Example: “Increase preventive service provision in X population from Y% to Z% by 20xx as measured by number of services completed. Target values: Year 1: 800, Year 2: 1,000, Year 3: 2,000, Total: 3,800.”
- **Unique People Served (Direct Contact):** Number of unique members of the public and/or professionals served via direct, interactive public or professional education, outreach, training, navigation service, or clinical service. This category includes individuals who

would be served through activities that are directly funded by CPRIT as well as individuals who would be served through activities that occur as a direct consequence of the CPRIT-funded project's leveraging of other resources/funding to implement the CPRIT-funded project.