

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

October, 2008

OFFICE OF RESEARCH AND DEVELOPMENT LETTER

**SOLICITATION OF APPLICATIONS FOR
HEALTH SERVICES RESEARCH AND DEVELOPMENT
CENTERS OF EXCELLENCE**

- 1. Purpose.** The Veterans Health Administration (VHA) Health Services Research and Development Service (HSR&D) invites applications for Centers of Excellence (CoE). Funds provided under this initiative are for maintaining or creating a core program of investigators, statisticians, economists and other social scientists to support and facilitate the development of HSR&D research projects and the training and mentoring of new HSR&D investigators.

This solicitation is open to currently funded HSR&D Centers and any group of investigators that satisfy the eligibility requirements. As part of the competitive renewal process for currently funded HSR&D CoEs, all existing CoEs with funding projected through fiscal year (FY) 2009 must submit an application to be considered for continued funding.

- 2. Background.** HSR&D CoEs conduct research in selected priority area(s) and support the integration of research and practice, linking the clinical aspects of patient care and organizational/management needs. Each CoE develops its own research agenda, is hosted by a collaborating VA Medical Center, and maintains affiliations with community institutions (such as schools of public health, medicine, theme-related university programs and research institutes) to support its goals and objectives. CoEs serve as a national multidisciplinary faculty for HSR&D. Each CoE uses its core funding as a base for building a strong health services research program with particular expertise in its selected priority area(s). CoEs are expected to participate in training/mentoring new investigators to pursue new avenues of health services research to enhance the Center's priority area. Descriptions of the thirteen currently funded CoEs and contact information are available at http://www.hsrd.research.va.gov/about/centers/centers_of_excellence.cfm.

3. **Goals.** Funded HSR&D CoEs and investigators are expected to:
- a. Conduct the highest quality health services research, build on available expertise and capacity in the CoE's selected priority area(s), and be nationally recognized;
 - b. Compete successfully for VA and non-VA government (such as NIH, AHRQ and other federal agencies), and private foundation research funding;
 - c. Support the translation and implementation of research results, and demonstrate the impact of the research findings on the veterans' health care system, providers and patient health outcomes at the local, VISN, and national level by partnering with clinical segments in VA;
 - d. Disseminate research findings;
 - e. Enhance local capacities to support health services research through the development and maintenance of a program for recruitment, training, and career development activities;
 - f. Enhance VA national capabilities and contributions in health services research by collaborating with other HSR&D Centers/Programs and VA Central Office to enhance the HSR&D portfolio and its contributions to VHA;
 - g. Provide service to the national VA scientific community, e.g., provide timely and appropriate guidance at VA national, VISN, and local Medical Center levels, and participate in the Scientific Merit Review Board (SMRB) activities and development of focus area solicitations;
 - h. Develop and maintain substantive, mutually beneficial, collaborative partnerships with community institutions (e.g., schools of medicine and public health, theme-relevant university programs and research institutes).
4. **Eligibility.** At the time of application there must be a minimum of four VA HSR&D funded principal investigators (PI) engaged in research projects (IIR, SDR, QUERI, or special solicitations) at the time of application submission and one or more of the following for a total of five:
- a. One additional VA HSR&D funded PI engaged in research projects (IIR, SDR, QUERI, or special solicitations), **or**
 - b. One HSR&D Career Development Awardee.

Note: Consistent with HSR&D Center Annual Reports, Principal Investigators are defined as individual primary HSR&D funded PIs rather than investigators supported by other funding sources. If an investigator is a PI on more than one funded HSR&D project at their location that meets HSR&D criteria (such as an Investigator-Initiated

Research (IIR), Service-Directed Research (SDR), or Service-Directed Projects (SDP)), only one of the projects is eligible toward the number of funded PIs at that site. Co-PIs do not count. These projects are expected to have a funding period of two years or greater and extend at least through the first fiscal year of the Center's new funding (FY 2010).

The following are some examples of HSR&D projects that could potentially be considered toward eligibility by HSR&D and the CoE reviewers:

- If a proposed Center PI received a funding approval notification letter for an HSR&D project, but may not have started the project yet.
- If a PI receives an approval notification letter for a conditional response submission, HSR&D and the reviewers may consider that for eligibility as well.
- If a project from the March 2009 HSR&D Scientific Merit Review Board meeting is approved for funding prior to the CoE review meeting, it will be considered one of the projects to meet the eligibility criteria.
- If an investigator receives approval for an HSR&D Career Development Award prior to the CoE review meeting, **and** the proposed Center has not already counted one of these currently funded Career Development awards toward the minimum eligibility criteria.

5. Application Requirements.

- a. **Focus.** Each CoE application is expected to identify a clear primary theme with rationale for selection. The selected thematic area should be well justified in terms of its relevance to the needs of veterans and how it complements the foci of existing HSR&D Centers of Excellence. There is particular emphasis on health systems approaches to addressing the needs of the 21st century veteran population, including those veterans who have served or are serving in Operations Enduring Freedom and Iraqi Freedom (OEF/OIF). Investigators should clearly document in their application the “added value” that CoE funds will provide to current HSR efforts. Research areas will not be limited to specific scientific themes. However, applications from Centers that were previously funded in a specific topical area such as Implementation or Organizational Management should develop their proposals to justify continued funding of that priority area.
- b. **Center Leadership.** Each CoE must have a Center Principal Investigator (Center PI) responsible for all aspects of CoE activity, including responsibility for compliance with applicable VA requirements for human subjects research, information security, and privacy. CoEs are required to have a Co-Principal Investigator (Center Co-PI) to assist in the administrative management of Center activities. The proposed Center Principal Investigator and Co-Principal Investigator must:

- i. Have at least a 5/8ths VA appointment.
 - ii. Report to the Associate Chief of Staff for Research and Development (ACOS/R&D).
 - iii. Devote at least 0.5 full time employee equivalent effort (FTEE) to CoE activities (i.e., administrative oversight, mentoring, program development, recruiting and other leadership tasks). This time allocation cannot overlap with other research activities such as funded research projects.
 - iv. Either the proposed Center Principal Investigator or Co-Principal Investigator must be a physician with a clinical appointment to ensure development of a multidisciplinary team with FTEE support from the ACOS/R&D and local Medical Center.
- c. **Center Investigators.** CoEs are expected to incorporate plans for a core group of investigators who will be at least 5/8ths VA employees (eligible to be VA principal investigators). Some projected co-investigators, consultants, and support staff may be non-VA employees reimbursed through various mechanisms, such as contracts and Intergovernmental Personnel Act (IPA) agreements (not greater than 10 percent of the maximum core budget excluding travel), but CoE plans should incorporate efforts to make most if not all personnel VA employees. Centers are encouraged to build relationships with all HSR&D funded investigators at their location regardless of their research focus.
- d. **Local and VISN Support.** The VA Medical Center and VISN are expected to endorse the CoE application and provide the following:
- i. Protected time and salary support (Program 870 funds) for the Center Principal Investigator and Co-Principal Investigator with clinical appointments.
 - ii. Contributed contiguous space and related Medical Center support including but not limited to: selected personnel, electricity, heating, air conditioning, telephones, housekeeping, fiscal and human resource services.
 - iii. Shared support by the VA, VISN, or affiliated institution is encouraged and should be documented. Shared support may include cost sharing, facility renovation or equipment costs, service contracts on equipment, or personnel costs.
 - iv. Commitment to support records and data information processing, storage, and security needs of the CoE, including a letter or memorandum of support signed by the Medical Center Information Security Officer and

Privacy Officer.

- v. Ensure no more than two applications from any VISN are endorsed by the VISN Director.
- e. **Health Services Research Capacity and Academic Collaborators.** Applicants are expected to develop significant health services research capacity and establish/enhance partnerships with academic collaborators who provide resident expertise in health services research methodologies.
- f. **Expected Contributions, including Planned Projects.** Applicants are expected to have clear plans for how the CoE will contribute significantly to key health services research issues in their chosen focus area over the following five-year funding period, including well-developed ideas for specific research projects.

6. Budget.

- a. **Expected Annual Budget.** In addition to Medical Center contributions, the CoE's core budget (recurring costs) will be a maximum of \$900,000 annually plus travel funds of \$10,000 per year.
 - vi. The Center Principal Investigator is expected to attend the HSR&D National and Career Development Meetings, and an annual HSR&D CoE Fall Meeting with these funds. If travel funds remain, it is at the discretion of the Center PI to allocate those funds to other staff travel expenses (i.e., Center Co-PI to attend the National Meeting).
 - vii. Information technology (IT) needs should not be included in the core budget request. IT requests cannot be directly funded by the Medical and Prosthetics Research Appropriation and should be submitted to OI&T through the ACOS/R&D office. However, potential IT needs for the Center should be reviewed with the ACOS/R&D and CIO/ISO for appropriateness, and documented on a separate 10-1313-4 VA form using Table 4 formatting (described in Attachment A). If the Center application is approved for funding, the IT budget request should be included in the Medical Center's IT spend plan and HSR&D will forward it to the Office of Research and Development (ORD) finance office for processing with OI&T.
 - (1) In addition to the application budget, each approved CoE will be required to submit an annual budget using VA forms 10-1313-3 and 10-1313-4. It is possible that budget submissions may transition to a VA/NIH format. If so, guidance will be provided prior to the application due date. Other guidance will be provided for specific budget issues prior to each annual budget due date for funded Centers.

- b. **Potential Start-up Supplements.** Up to \$100,000 may be added to CoE core funding in year one for initial infrastructure expenses (primarily equipment). Start-up supplements are only available to new CoEs, not renewal Centers [CoE or Research Enhancement Award Program (REAP)]. ***Because information technology (IT) needs cannot be directly funded by the Medical and Prosthetics Research Appropriation, proposed IT infrastructure needs must be separately documented and included within each Medical Center's proposed IT spend plan.***

Note: Any proposed pilot projects anticipated to be funded from the core budget are not to be of a nature that requires oversight by Central Office (i.e., clinical trial registration with clinicaltrials.gov, data safety monitoring (DSMB) or OMB survey review. IRB issues for pilots must be managed locally according to VA guidelines.

7. **Annual Reporting Requirements.** Annual CoE reports will be reviewed administratively by HSR&D to ensure that the CoE's performance meets expectations (see section 3 "Goals") and minimum eligibility requirements (see section 4 "Eligibility"). An online, standardized HSR&D Annual Report Template (ART) system is used to collect information on revenues and expenditures, investigator capacity and productivity, VA and non-VA funding, publications, and a summary of major activities and accomplishments. The narrative summary from the Annual Report will be used on the HSR&D website for approved Centers. The impact statements may also be used to promote the impact of HSR&D research products on the ORD and VHA missions for veteran healthcare.
8. **Anticipated Awards and Funding Period.** HSR&D expects to approve proposals that receive fundable scores based upon scientific merit, VA priorities, programmatic needs, and the potential for making a substantial contribution to HSR&D and VHA. Approved CoEs are expected to be funded for **four years, beginning Fiscal Year 2010 (October 1, 2009) through September 30, 2013**, contingent on available funds. Before funding may begin, CoEs are required to submit an IRB waiver (or letter from the IRB stating there is no need for review) including currently funded sites. The next competitive review is anticipated to occur in Fiscal Year 2012 when all funded CoEs will be required to apply.
 - a. **Early Termination.** If a CoE does not satisfy the eligibility requirements or performance does not meet expectations as compared to other HSR&D CoEs, the Center Principal Investigator will be notified and a plan must be submitted to Central Office describing how the deficiency will be addressed. If the deficiency is not corrected, funding will be phased out.
 - b. **Non-Renewal.** Currently funded CoEs that are not approved for continuation of CoE funding will be considered for two tracks.

- i. Discontinued Funding: Currently funded CoEs that are not approved for renewed funding are expected to continue to receive funding until September 30, 2010.
 - ii. Continued Funding as a REAP. The review board may recommend that productive Centers with applications not competitive at the CoE level be considered for funding as REAPs at \$250,000 to \$300,000 per year for a duration of up to five years. If a change in status from CoE to REAP is approved by the Director of HSR&D, the REAP status will begin October 1, 2009 and funding at the REAP level will start October 1, 2010.
9. **Evaluation Criteria.** Applications will be evaluated on the basis of the following criteria.

a. **Administrative Review Criteria.** Applications are expected to meet the following minimum administrative review criteria to be considered for scientific merit review:

- i. Eligibility requirements (section 4 above).
 - ii. Center Principal Investigator and Co-Principal Investigator should have at least a 5/8ths VA appointment and each plan to be at least 0.5 full time employee equivalent effort (FTEE) to Center leadership activities.
 - iii. Application endorsement by Medical Center Director and VISN Director.
 - iv. No more than two endorsed applications from any VISN Director.
 - v. Documented reporting line to the ACOS/R&D.
 - vi. Commitment from the ISO and Privacy Officer to support data security needs.
- b. **Scientific Review Criteria.** Application evaluations will include an assessment of both past achievements, future activities (emphasizing the selected priority area(s)), inclusion of women and minorities in research, and the relationship of these to the strategic plans regardless of new or existing Center status. Reviewers will be instructed to weigh their reviews according to the following criteria and relevance to VA, HSR&D, and impact on veteran's health care.

For new applications, reviewers will emphasize health services research development efforts to date (emphasizing the selected priority area(s)) and future potential in their evaluation.

For existing Centers, reviewers will emphasize performance during the previous funding period (emphasizing the selected priority area(s)) in terms of value added relative to HSR&D and potential future contributions. A copy of the Center's last review notification letter to investigators that outlines the review recommendations for the individual Center should be included in the application in Appendix 10 and noted on the Table of Contents. If needed, a copy may be obtained from the HSR&D contact, and these will be considered VA forms.

HSR&D will provide the reviewers with a copy of the FY08 Annual Center Matrix (summary of performance measures) and Key Impacts and Services Reports for existing Center applicants.

Applications will be reviewed in terms of the following criteria:

- i. Research Focus and Potential for Future Contributions: Relevance and importance of research focus to improve the health of the nation's veterans. Proposed future contributions should be consistent with the outline provided for the anticipated four-year strategic plan.
 - ii. Productivity: Existing achievements and potential to obtain intra- and extra- mural project funding, career development awards, and producing publications emphasizing an evaluation of contributions in context of the selected priority area(s).
 - iii. Quality of Research and Key Impacts: Existing quality of research and potential as measured by publications in top peer-reviewed journals, significant press, and system improvements, particularly in the selected priority area(s). Includes the unique value provided by the Center and other clear evidence of impact beyond publications through formal and informal dissemination mechanisms.
 - iv. Collaboration and Service: Existing efforts and potential to collaborate with other VA researchers and Centers, and service to HSR&D, VA/ORD, and national non-VA institutions as reviewers, advisors, and leaders emphasizing relevance to the selected priority area(s).
 - v. Facilities and Capacity: Space and resources allocated to the CoE by the Medical Center, VISN, and plan of shared programmatic support provided by the academic affiliate. Documented health services research qualifications of the team, the proposed leadership, and the steering committee including relevance to the selected priority area(s).
- c. **Scoring Ranges.** Reviewers will be instructed to provide one score that incorporates their assessment according to the above criteria.

10-15 Excellent = Proposed Center addresses important scientific focus relevant to veteran's health [criterion i] and there is **very high probability of success** [considering criteria ii-v].

16-22 Very Good = Proposed Center addresses important scientific focus [criterion i] and there is a **high probability of success** [considering criteria ii-v].

23-28 Good = Proposed Center addresses important scientific focus [criterion i] but there is **uncertain probability of success** [considering criteria ii-v].

29-34 Fair = Proposed Center addresses a valid scientific focus [criterion i] but there is **limited potential for success** [considering criteria ii-v].

34-50 Poor = Proposed Center does not address an important scientific question/area [criterion i], and there is **limited potential for success** [considering criteria ii-v].

- d. **Site Visits.** Reviewers may request a site visit to inform the final funding decision.
- e. **Funding Decisions.** Funding decisions will be made by the Director, HSR&D, based upon the applicant's scientific merit score, VA priorities, programmatic needs, and the potential for making a substantial contribution to HSR&D and VHA. Funding decisions also will be contingent on availability of Service funds.

10. **Submission Guidelines.** Applications that are not compliant with the eligibility requirements or submission guidelines will not be reviewed.

- a. **Notification of Intent to Apply.** Applications will be accepted only from Medical Centers that provide **by 5:00 pm ET on February 27, 2009**, written notification to HSR&D of their intent to apply. Notification should come from the ACOS/R&D and should specify the proposed CoE Center Principal Investigator, Medical Center contact person with telephone number and e-mail address, and tentative CoE title. A draft abstract on VA form 10-1313-2 should also be included. *The proposed Principal Investigator should plan to be available through their contact person on the days of review* (see Section 11.d.) Notification should be sent via e-mail to: samantha.farrell2@va.gov .
- b. **Application Submission.** Attachment A contains instructions for the full application submission. For delivery no later than Tuesday, **March 31, 2009**, submit an electronic copy in pdf format (one file) on CD by courier service to:

**Department of Veterans Affairs
Health Services Research and Development Service (124-C)
810 Vermont Avenue, NW
Washington, DC 20420**

- c. **Administrative Checklist.** Attachment B contains the checklist used by HSR&D to verify that the application is complete. Applicants and ACOS/R&D offices are advised to review the application and complete the checklist to ensure that the requested information is provided.

11. **Schedule.** The following award schedule is projected:

- a. Program Announcement Issued10/15/2008
- b. Notification of Intent to Apply Due.....2/27/09 by 5 pm Eastern Time
- c. Applications Due..... 3/31/09
- d. Anticipated Scientific Review Meeting..... 5/12 and 5/13/09

***PIs should be available during the review meeting dates for phone contact, if needed for discussion-see Section 9.a.**

- e. Site Visits Conducted.....5/18 – 5/29/2009
- g. Final Notification Letters Mailed..... 6/30/2009
- h. Funding Start Date (Fiscal Year 2010)10/1/2009

12. **Inquiries.** Questions may be directed to Samantha Farrell, MHS, at 202-461-1519 or samantha.farrell2@va.gov .

/s/

Joel Kupersmith, MD
Chief Research and Development Officer

Attachments:

- A. Instruction for Application Submission
- B. Administrative Checklist

ATTACHMENT A

INSTRUCTIONS FOR APPLICATIONS

1. **General.** Applications must be complete and comprehensive as submitted. Applications will be considered incomplete and returned if they are illegible, fail to follow instructions, or if the material presented is insufficient to permit an adequate review. HSR&D CoE applications must conform to the standardized format as outlined below and contain all pertinent information. Limit the narrative to twenty-eight pages (28) (see Sections 3.d.i-viii). Do not submit copies of funded or pending research applications of investigators.

2. **Format.**
 - a. **Forms Required.** Use VA Forms 10-1313-1 through 5/6, “Merit Review Application,” and VA Form 10-1436 “Research and Development Information System Project Data Sheet” (or the equivalent). *These are available at local VA Research and Development (R&D) offices, through the PROMISE information system and on the ORD website at <http://www.research.va.gov/funding/process/forms.cfm>.*

 - b. **Printing, Reproduction, and Assembly.** Detailed instructions are included in this attachment. Type all pages single-spaced, with at least 1-inch margins on all sides. Use Arial 11-point font to ensure that the proposal is easy to read. Only one electronic copy on CD (all SSNs must be removed from the application) should be sent to Central Office. No copies (CD or paper) should be forwarded.

 - c. **Pagination.** Number all pages, in the bottom right-hand margin, showing the proposed Center PI last name and the page number (e.g., Smith-1 to Smith-87). Number consecutively, starting with the Table of Contents and ending with the last page of the supporting documents.

3. **Ordering and Content of Materials.**
 - a. **Table of Contents** (Page One) List all sections of the application (including any appendices) and the initial page number for each. Use the outline list in Attachment B (starting with item “Table of Contents”) as the format for the Table of Contents. Indicate N/A for items that are not applicable. Consecutively number all pages in the application and place the starting number for each section in the Table of Contents.

 - b. **VA Form 10-1313-1** (Page Two) provides brief identifying information. Items that may require clarification are discussed below.

- i. Items 1 and 2. Leave blank.
- ii. Item 3. Identify review group as “HCoE.”
- iii. Item 4. Insert “May 2009” as review date.
- iv. Item 5. Insert the number of the Medical Center .
- v. Item 6. Provide the complete mailing address for the lead Medical Center identified in Item 5 including the PI’s routing symbol.
- vi. Item 7. Leave blank- DO NOT enter a Social Security Number.
- vii. Item 8. Leave blank.
- viii. Item 9. Type the last name of the proposed Center PI in capital letters, followed by the first name, middle initial, degree(s), phone number(s) and e-mail address.
- ix. Item 10. Enter the project title. The title should not exceed 72 typewritten characters (including spaces) and should assist the reader in quickly identifying the theme of the CoE. Existing Centers wishing to change the name of their CoE may do so in this section. A brief explanation for name change should be included in the abstract (10-1313-2) sent with the Intent to Apply and in the proposal narrative.
- x. Item 11. The amount requested each year should be the same as the totals for individual fiscal years, as listed on VA Form 10-1313-4. The total is the total funding (in direct costs only) that is being requested for all years (not to exceed 4 years). Infrastructure requests for new CoEs should be added to the first year only. All budget subtotals must be rounded to the nearest \$100 as instructed for VA Forms 10-1313-3 and 4.
- xi. Item 12. Check the appropriate box for the current VA employment status for the Center PI and Co-PI.
- xii. Item 13. Check the box for Center PI and Co-PI salary source.
- xiii. Item 14. Check the appropriate box for "NEW" if not currently a CoE. Check “ongoing” if currently a CoE. Currently funded REAP Centers applying should check “NEW”.
- xiv. Item 15. Insert “HSR&D” as the program name and “824” as the cost center.
- xv. Item 16. Insert the code(s) for the primary research program and the primary specialty area that apply to the proposed Center theme. The code(s) should be the same as that reported to VA’s Research and Development Information System (RDIS).
- xvi. Items 17,18, 20, and 21. Provide information for proposed Center PI.
- xvii. Item 19. Complete fully.
- xviii. Signatures. Original, dated signatures of the Center PI and the ACOS/R&D, Coordinator for R&D, or designee are required. Signatures

and dates in this block should provide sufficient time for review by the ACOS/R&D or equivalent. The date the ACOS/R&D signs must be after the approval date of the R&D Committee. **The signature of the ACOS/R&D (or designee) certifies that the application is administratively complete and that all required reviews have been conducted.** The signature of the Center PI signifies responsibility for the ethical conduct of the proposed work and agreement to follow VA policies including acknowledging VA support and intellectual property rights. “Per”, “by”, or “for” signatures are not acceptable. Type in telephone number and e-mail address of ACOS/R&D or other individual to contact for any administrative issues (insert name in parentheses if not ACOS/R&D).

c. **VA Form 10-1313-2** (Page Three).

- i. **Identifying Information.** Check the appropriate box to indicate that you are describing a program. Provide the identifying information requested: Center PI; Medical Center name and location; and program title (maximum of 72 characters and spaces).
 - ii. **Abstract** (500 words maximum in HSR&D ART format) List KEY WORDS that best describe the program’s scientific discipline(s) and research focus. These may be chosen from the National Library of Medicine’s Medical Subject Headings (MeSH). Select at least three that identify the scientific discipline or research area(s) emphasized in the proposed research. The MeSH terms book may be located in the ACOS/R&D’s office, or the medical center library, or may be obtained online at <http://www.nlm.nih.gov/mesh/meshhome.html>. The abstract text should provide a clear, concise overview of the proposed Center. Organize the text of the abstract in the following sequence:
 - (1) **Anticipated Impacts on Veterans’ Healthcare.** Describe why this program is important and how it will benefit veterans, impact veterans’ healthcare, or represent a unique research opportunity within the VA healthcare system.
 - (2) **Program Background/Rationale.** Describe the theme and research focus.
 - (3) **Program Objectives.** Outline the initial major goal(s) and objective(s).
 - (4) **General Organizational Approach.** Describe the general approach for addressing the stated goal(s) and objective(s).
- d. **Proposal Narrative** (Page Four and subsequent pages). Use the following designated headings for the Table of Contents and Narrative. Specify the

beginning page number for each of the required sections, as ordered below, in the Table of Contents. Use the suggested page allocations as a guide for the narrative section (unless specified as a maximum), but **do not exceed 28 total maximum narrative pages, including organization chart, tables and lists specified below but exclusive of VA forms, appendices, and table of contents.**

Note: Since this program exists to support HSR&D Service research activities, the application should clearly identify and disentangle activities related to HSR&D funding from other VA and extramural funding.

- i. Executive Summary. (One page) Provide a clear and concise overview of the proposed CoE research focus. Identify key health services research issues to be addressed during the funding period. Highlight recent productivity, strengths of the CoE leadership, proposed infrastructure, and plans for addressing any weaknesses. Conclude by highlighting the perceived “added value” of the proposed CoE for HSR&D and VHA.
- ii. Research Focus and Potential for Future Contributions: (Five Pages) Discuss the relevance and importance of the CoE’s research focus to the overall HSR&D portfolio and relevance to the nation’s veterans and their health care. Explain Center history if previously or currently funded as a CoE, REAP, or TREP. Outline anticipated strategic goals and objectives for the five-year funding period and the operational plan envisioned for integrating clinical, educational, and research resources to accomplish these goals and objectives. Proposed future contributions should be consistent with the strategic plan outline.
- iii. Productivity: (Six Pages) Discuss existing achievements and potential for obtaining intra and extra-mural project funding, career development awards, and producing publications focusing on existing and potential achievements, and other future activities based on the proposed, continued or new focus of the Center.
 - (1) For existing achievements (funded projects, projects that ended in the past fiscal year, and submitted proposals), specify the nature of the item (funded, submitted), funding source (e.g., VA HSR&D, NIH, AHRQ), funding amount and funding period. Include in Appendix 2; 1) the project abstracts and 2) a concise table of the achievements (for example, a project with start and end dates, status of funding, funding source and list of publications from the project). VA and non-VA funding source and list of publications from the project). For existing Centers, a project report created through the ART program at <http://art.puget-sound.med.va.gov/> may be used for the table.

- (a) Renewal Applications. Currently funded Centers must format their response regarding existing achievements in context with the strategic plan in place during the most recent funding cycle. Explain variations from the existing strategic plan. Briefly contrast key portions of the current plan to the proposed strategic plan (i.e., explain why key portions were retained, revised, or replaced).
- (2) For potential achievements, briefly describe one to three specific research ideas planned for the CoE and the proposed investigators for each. Include in Appendix 2, a concise table of achievements (as described in III. a.), if applicable.
- (3) For future activities, briefly describe one to three specific research activities planned for the CoE and the proposed investigators for each. Include in Appendix 2, a concise table of activities (as described in III. a.), if applicable.
- iv. Quality of Research and Key Impacts: (Two Pages) Describe existing efforts and the potential to produce quality research as measured by publications in top peer-reviewed journals, significant press, and system improvements. Discuss the unique “added value” provided by the CoE both from prior funding and the future payoff if funded such as, translation and implementation of research findings or programs that emphasize the importance of health services research.
- v. Collaboration and Service: (One Page) Describe existing efforts and the potential to collaborate with other VA researchers and Centers and service to HSR&D, VA/ORD, and national non-VA institutions as reviewers, advisors, and leaders. Future efforts should be consistent with the proposed strategic plan.
- vi. Facilities and Capacity. (Twelve pages, exclusive of VA forms) This section is designed to document the Center’s health services research qualifications and capability to meet the identified objectives and contribute to local and national health services research capacity and training activities.
- (1) Summarize the proposed CoE’s current (and expected) health services research capabilities and how they will contribute to meeting identified objectives and contribute to local and national health services research capacity and training activities. (One page)
- (2) Provide an organization chart depicting key staff and their relationships within the CoE and Medical Center. Indicate the Center PI’s reporting relationship to the ACOS/R&D. (One page)

- (3) List CoE core staff (proposed and/or identified) and provide a one-paragraph description of their positions, related responsibilities and related research or other pertinent expertise. (One-two pages)
- (4) Present an overview of staff in table form (see example, Table 1), emphasizing his/her relevance to the selected priority area(s), academic field (education), professional experience (teaching, research, etc. as applicable), research interests, and expected Center FTEE participation. **DO NOT** include personal identifier information such as SSNs. FTEE information should reflect what is stated on the Center budget pages for each core staff member. (One page)

| Table 1 HSR&D CoE CORE STAFF ORGANIZATION (example) | | | |
|--|---|--|----------------------|
| <u>Name/Position</u> | <u>Personnel Qualifications</u> | <u>Priority Area</u> | <u>FTEE</u> |
| SUSAN S. SMITH, PhD, MD - GS level Center PI | Biostatistics/Preventive Medicine 32 years, teaching 17 years, clinical 16 years, research Major research interests: Practice Patterns, Cardiovascular Diseases, Diabetes | *Enter the Center defined priority area this investigator is identified with such as "comorbid chronic disease" | 0.5 (contributed) |
| JOHN D. DOE, PhD, MPH - GS level Biostatistician | Academic Field Biostatistics/Health Services Administration 5 years, teaching 7 years, research Major research interests: Dynamic Modeling, Quality of Care Measures, Benchmarking, Databases, Medical Informatics | " | 0.6 |

- (5) Provide a brief statement regarding the planned role(s) of the CoE Steering Committee. (One page) Put in Appendix 3 the following:
 - (a) A brief description of the Steering Committee's structure, membership, functions, meeting schedule (of the whole and for subcommittees), and relationship(s) to the Medical Center Director, the CoE, and other faculty committees.
 - (b) A listing of Steering Committee members (actual and anticipated), differentiating regular (such as Medical Center/VISN, affiliations/consultants) and ex officio (such as CoE leadership and other key staff) members, and the rationale for selecting the individual (emphasizing relevance to the selected priority area(s)). Provide the name, position or title, institution, and telephone numbers for each person listed.

- (6) Elaborate on additional organizational/operational details. These should include:
- (a) Describe the Center PI's reporting relationship to the ACOS/R&D.
 - (b) Describe local review procedures for research projects and reports. (One-half page)
 - (c) Describe the CoE mechanism for Center program evaluation and quality assurance. (One-half page)
 - (d) Briefly discuss career paths for non-clinician professional staff, including affiliated university practices for CoE core staff who may also be university faculty members. (One-half page)
 - (e) Describe the nature of the affiliation with the academic partner. Briefly discuss how involved the CoE will be with the affiliate and, conversely, the affiliate with the CoE. Include how the relationship is meaningful to the Center, Medical Centers, health services research and VA. (One page)
 - (f) Describe and document the commitment of the Medical Center to the CoE for support such as dedicated FTE positions, administrative services, protected research time, etc. For established Centers, this section may include a description of support for designated contiguous space, equipment, planned renovations, conference facilities, etc. The same may be applicable for new Centers, but may include floor plans for intended Center space, donated major equipment such as copiers or printers, maintenance support for building or IT services, etc. (One-two pages)

vii. Facilities and Other Resources.(One page)

- (1) List community institutions--including academic collaborators with well-established expertise in health services research methodologies--that are expected to support the CoE's activities (emphasizing relevance to the selected priority area(s)). In Appendix 5, provide the name, telephone number, and mailing address of the expected liaison person for each institution. Also append any negotiated memoranda of understanding (MOU), signed by the appropriate officials of each participating institution, and indicate how the involvement of the collaborating scientific groups (or facilities) will be routinely managed. MOUs may be in place or anticipated for shared support such as recruiting, FTE support, faculty appointments, data analysis support, shared accommodations for conferences/lectures, mentoring, etc.
- (2) Describe available facilities for the CoE (including plans for new or renovated space, if applicable), major items of equipment, and

maintenance requirements. Provide estimates of contributed costs and also costs associated with the startup supplement, if any.

- (3) Describe VA institutional and other sector support committed to (or expected for) the CoE, beyond that requested through this application. Briefly discuss how this support will help accomplish the CoE's objectives (e.g., availability of large-scale databases for analyses, access to technical capabilities residing in affiliated institutions [university/institutes, etc.], and other VISN capabilities or capacities).

viii. Literature Cited. Citation pages will be considered literature references and will NOT be included in the 28 page proposal limit. The Table of Contents should reflect this section as part of the proposal narrative, and pages must be labeled and numbered at the end of the narrative.

e. **VA Form 10-1313-3**. Use VA Forms 10-1313-3 to summarize the requested budget. The following may be helpful in developing budget requests:

i. General Information.

- (1) At the top of the form, check "Program." Enter the Center PI's name and program title.
- (2) Application budgets should not exceed \$900,000 per fiscal year including salaries. In planning Center budgets, applicants are reminded to adhere to HSR&D guidelines regarding allowed and restricted use of research funds for specific items (see VHA Handbook 1204.01, Paragraph 8, HSR&D Funding for Development for details on equipment and computer software development).
- (3) Fringe benefits for personnel should be calculated at 30% into individual salaries for the core budget requests.
- (4) All budget subtotals are to be rounded to the nearest \$100.
- (5) Consultants are rarely included in Center budgets. However, Handbook 1204.5, "Operational Guidelines for Activities Sponsored by HSR&D" may be referenced for questions.
- (6) Occasionally, Centers enter into Intergovernmental Personnel Agreements (IPA) for services from professionals such as a biostatistician, economist or academic expert for mentoring of trainees. Although discouraged, new Centers may need to seek these services outside their core staff. These agreements should be very few and be listed under "All Other Expenses" on VA forms 10-1313-3 and 4. These agreements should not use a significant portion of the Center annual allocation.

- (7) The following Table 2 from HSR&D’s January 2008 “Detailed Instructions for Merit Review Applications” summarizes general guidance for budget categories:

| Table 2: Budget Item Guidance | |
|---|---|
| Personnel | |
| • Physicians | Salary support is not authorized for any VA physician. |
| • Nurses or Licensed Medical Professionals | Salary support is not authorized for any Title 38 nurse or licensed medical professional with clinical responsibilities in VA unless a waiver has been granted by the CRADO. If waived, salary support is allowed only for services beyond usual care. |
| • Increases in salary over years to account for cost of living or salary increases (HR actions) | Not authorized <i>*[May be altered within the Center total budget on an annual basis]</i> |
| • Summer/Graduate students | Not authorized |
| • IPAs | IPAs must be listed under “All Other”, not personnel. IPAs are not authorized for physicians. <i>*[see Center guidance above]</i> |
| • Consultant | Limit of \$500 per consultation and \$2,500 per annum. Physicians may not be paid as consultants. Expenses other than professional fee (e.g., travel) should be listed under “All Other”. <i>*[see Center guidance above]</i> |
| Equipment | |
| • Computers | Computers (and IT expenditures) should not be listed in the core budget pages. IT requests are in addition to Center funds. However, Center IT expenses should be itemized on a separate VA form 10-1313-4 (see details in on Page 12 of Attachment A). |
| • Furniture | Must be justified as necessary for the conduct of this research. Justification must account for disposition of previously funded furniture purchases for projects that are terminated. |
| • Medical Equipment | Must be required for the conduct of the research project and not be used as part of routine and customary patient care. |
| Supplies | |
| • Postage | Not authorized, unless special circumstances require other than ordinary mail |
| • Phone costs | Special 800 lines may be approved with justification |
| • Copying | Not authorized |
| • Construction | Contact ORD for guidance on construction requests |
| • Books, journals, or reprints | Not authorized <i>*[Centers must justify this need if included in the budget on the 10-1313-4]</i> |
| • Professional memberships | Not authorized <i>*[Centers must justify this need if included in the budget on the 10-1313-4]</i> |
| • Manuscript preparation | Not authorized |
| Table 2: Budget Item Guidance (Continued) | |
| All Other Expenses | |

| | |
|---|--|
| • General Administrative costs | Not authorized |
| • Access to Austin or PBM database | Not authorized |
| • Contract for Services | Service contracts are used to obtain a deliverable/product from a company or an institution, e.g. service contract with the University of California for statistical analysis of data. You may not contract for clinical services or identify the individual (s) who will provide the service on VA Form 10-1313-3. A non-VA physician may only perform non-clinical work. A detailed description of the services being contracted for, along with the name and credentials of the person(s) who may be providing the services, should be part of the budget justification on VA Form 10-1313-4. |
| • IPAs | IPAs provide for salary and fringe benefit (30%) reimbursements; they do not allow for “overhead” costs. IPAs may not be used for physicians. IPAs should not be used for key personnel (PI and Co-PI). <i>*[see Center guidance above]</i> |
| • Monetary incentives to physicians | Monetary incentives to physicians are not authorized. <i>*[N/A for Centers]</i> |
| • Patient Incentives | Small amounts of money can be offered as a reimbursement for time and/or travel to participate in a study. The incentive must not, in and of itself, constitute an incentive and must be consistent with IRB and ethics policies. <i>*[N/A for Centers]</i> |
| • Travel and registration costs associated with conference attendance | Not authorized for projects or pilot projects. HSR&D will consider requests to travel to present study findings on a case-by-case basis. <i>*[Center PIs are expected to use travel funds to attend the HSR&D National, Career Development, and Center Fall Meetings]</i> |
| • Information Technology | Unusual computer requests should be accompanied by a vendor quote and a strong justification. Shared network charges are not authorized. <i>*[Centers should submit Table 4 with complete IT requests after discussing needs with the ACOS/R&D, ISO and as needed the Privacy Officer]</i> |

- ii. Personnel. Starting with the Center PI and Co-PI, list all VA employees who will work in the program, including those for whom no salary support is requested if the salary is contributed by the Medical Center. Enter name and academic or professional degree(s) and list Grade and Step in parentheses. There are restrictions on who can be paid directly by VA. Check with the local Research Office to ensure that salary is not being requested for a person who cannot be paid directly by VA.
- iii. Role in Program. Indicate whether the named individual is a Center PI, Center Co-PI, investigator, research assistant, etc.
- iv. Percent Effort. List the percent of time (Full-time Equivalent (FTE)) to be devoted to the Center by each named participant. Ensure that no person’s individual time commitments total more than 100 percent.

- v. Current Year Funds. Leave blank.
 - vi. First Year Requested Funds. List all funds requested for the first 12 months of the proposed project. VA research funds cannot be used to cover the costs of patient care except in very special circumstances.
 - vii. Consultant Services. Consultant payments are limited to \$500 per consultation or \$2,500 per year, exclusive of expenses. Higher amounts must be approved by the Secretary of Veterans Affairs.
 - viii. Equipment. List each item of equipment to be purchased. Estimated equipment costs need to be consistent with current VA procurement policies and contracts.
 - ix. Supplies. Itemize the cost of supplies (expendable items), by major category, e.g., office supplies, printing, etc.
 - x. All Other Expenses. Itemize all other expenses by major category, e.g., travel, rent, contract fees, IPAs, etc. (see Handbook 1204.5). Refer to guidance in Table 2 for items which can not be purchased with research funds.
 - (1) Travel costs. See Table 2 for details.
 - (2) Information Technology (IT). Core budget requests should **NOT** include IT expenses. However, Center IT needs should be submitted on a separate VA form 10-1313-4 for review (see Page 12 of Attachment A for details).
- f. **VA Form 10-1313-4**. Use VA Forms 10-1313-4 to justify the requested budget.
- i. At the top of the form, check "Program." Only complete the 1st year column. Leave other years blank. Enter "n/a" under "Explain difference in the operating expenses between years."
 - ii. Personnel. The total must match the subtotal on the VA Form 10-1313-3. Do not request funds for expected cost of living increases, within-grade increases, or promotions for additional years. These may be reflected in the annual budget submission within the total Center allocation.
 - iii. Consultant Services through Total Operating Expenses. Enter the totals for each budget category of support requested. The total operating expenses should be identical to the total indicated on VA form 10-1313-1 and VA Form 10-1313-3 for year one.
 - iv. Justification. All items in the budget listed on VA Form 10-1313-3 must be clearly justified.

- (1) Fully explain the role and percent effort of all personnel listed in the Personnel section of VA Form 10-1313-3. If a person listed is supported by another program or research project, state so in the explanation.
- (2) For each equipment item on the 10-1313-3, justification narrative on the 10-1313-4 should include a discussion of why the equipment is needed and why similar existing equipment at the Medical Center or in a nearby research space cannot be used. Include the cost of maintenance.
- (3) Explain each category of supplies and how the costs were derived.
- (4) Items in “All Other Expenses” should be explained in the same manner as those in the supplies category.
 - (a) IPAs should be fully explained including the basis for the individual’s salary and expertise required for the Center. See Table 2 for details.
 - (b) Contracts for Services should describe the services or products that are to be provided. Contracts for Service should not identify the individual(s) who might perform the services on VA Form 10-1313-3. However, the name and degrees of an individual providing services should be included in the justification narrative on VA Form 10-1313-4.
 - (c) Center Travel. Center PIs are expected to use travel funds to attend the HSR&D National, Career Development and Center Fall Meetings. Remaining funds may be used at the discretion of the Center PI (i.e., for the Co-PI to attend the National Meeting). Provide a table summarizing the requested travel using the format in Table 3. Travel and registration costs associated with conference attendance or for project or pilot travel may not be requested.

| Table 3: Project Travel | | | | | | |
|-------------------------|-----------------------|-------------|-----------------|--------------|----------------|---------|
| Traveler | Status (VA or non VA) | Destination | Number of Trips | Year of Trip | Estimated Cost | Purpose |
| | | | | | | |
| | | | | | | |

- v. Budget Totals. Budget totals on VA Form 10-1313-3 and VA Form 10-1313-4 must be identical and correspond to the totals in block 11 of VA

Form 10-1313-1. The accuracy of these items needs to be checked before submitting the application package.

- g. **VA Form 10-1313-4 for Information Technology (IT).** IT needs cannot be directly funded by the Medical and Prosthetics Research Appropriation and should **NOT** be included in the core Center budget funding forms. However, any planned Center IT expenditure should be reviewed with the Medical Center ACOS/R&D and CIO/ISO for appropriateness and submitted with the application on a supplemental 10-1313-4 budget form for review. The requests must be fully justified for Year 1 only. Unusual computer requests should be accompanied by a vendor quote and a strong justification. Shared network charges are not authorized. Itemize all planned IT expenditures using the format in Table 4. If the Center application is approved for funding, the Center PI should ensure that the IT budget request is included in the Medical Center's IT spend plan. HSR&D will forward it to the ORD finance for processing with OI&T.

| Table 4: Information Technology Budget Request | | | |
|--|-----------|------------------------|---------------|
| Category | Type | Item and Justification | Amount Year 1 |
| Hardware | Purchased | | |
| | Leased | | |
| | Services | | |
| Software | Purchased | | |
| | Leased | | |
| | Services | | |
| Telecommunications | Purchased | | |
| | Leased | | |
| | Services | | |
| IT Supplies and Materials | Purchased | | |
| | Leased | | |
| | Services | | |
| IT Personnel | | | |
| | | | |
| | | TOTAL | \$ |

- i. Budget Totals. Budget totals on VA Form 10-1313-3 and VA Form 10-1313-4 must be identical and correspond to the totals in block 11 of VA Form 10-1313-1. The accuracy of these items needs to be checked before submitting the application package.
- h. **VA Form 10-1313-5/6.** Complete a biographical sketch for each CoE key VA and non-VA collaborating staff using VA Form 10-1313-5/6. Include a completed

form for all key staff who are consultants or IPAs unable to convert to VA employment at the time of application. Follow all instructions when completing the form. Each biographical sketch is not to exceed four pages. Additional clarification and instructions for two of the sections of the form are below.

- i. Section B. Selected peer-reviewed publications. Provide a list or table of recent or significant peer-reviewed publications. Be selective by emphasizing relevance to the selected priority area(s). Avoid submitting excessively long publication lists (in most cases, 10 should be sufficient). If necessary, a more extensive table of important publications for key staff may be added to Appendix 5.
- ii. Section C. Research Support. Using the format in Table 5 (below), describe all current and pending research support for the individual. Research support is defined as all financial resources, whether federal, non-federal, commercial or institutional, which are available in direct support of the individual’s research. Do not include the current CoE application as pending support. Although the instructions on VA Form 5/6 state “Do not list award amounts or percent effort in projects”, this information **DOES NEED** to be provided. The format shown in Table 5 should be used to organize the data and the descriptions should emphasize relevance to the selected priority area(s).

| Table 5 Research Support | | | | | |
|--------------------------------|--------|-----------------|-------------|-----------------|----------|
| Grant number | Agency | Start-End Dates | Total Award | Role in Project | % Effort |
| | | | | | |
| Title | | | | | |
| Description / Goals of Project | | | | | |

Note: Training certificates in Good Clinical Practice for CoE personnel are not required in the application submission. If approved for funding, appropriate training certificates will be requested.

- i. **Appendices.** Appendices are limited as follows, and should be inserted, numbered, and labeled as specified below. The appendices, in total and exclusive of VA forms, should not exceed thirty pages.
 - i. Appendix 1. Related Ongoing Projects. Insert project abstracts or VA Form 10-1436 (or equivalent) for submitted and funded proposals related to the selected priority area for the proposed Center, and table of achievements and future activities, if applicable. The table may also include other projects for CoE investigators that may not be in the exact research focus of the Center. These should be labeled accordingly. The

table should reflect the project annual funding amount that can be directly attributed to Center/investigator activities from VA and non-VA funding sources (reflecting the amount that could be credited to the investigator for VERA allocations). The start and end dates should be entered for each project listed.

- ii. Appendix 2. Steering Committee. List the membership and a description of role and expertise of each participant. This may be provided in table format.
- iii. Appendix 3. Letters of Commitment. Append a formal letter of commitment for all non-VA investigators who will become active collaborators with the CoE's research program. Include their academic title. List consultants and indicate for each: the nature of the service to be performed; fee and amount of travel and per diem for each consultant; and the number of consultations to be provided. Append a letter from each consultant who has agreed to perform this service (excluding steering committee members).
- iv. Appendix 4. Memoranda of Understanding. Append Memoranda of Understanding (MOU) with collaborating institutions (VA and non-VA). If MOUs are extremely lengthy, provide a copy of the cover to the MOU, table of contents and signature page. In the main proposal Table of Contents for this appendix include a notation such as the following to clarify the exclusion: *"MOU with USA University-modified version (MOU has xx pgs-full document will be provided upon request)."*
- v. Appendix 5. Additional Information. Append any additional information (not to exceed two pages) that you believe is essential for appropriate consideration of the application.
- vi. Appendix 6. Medical Center Endorsement. Append endorsement letters from the Medical Center Director (lead Medical Center and any other involved Medical Centers) and the Medical Center Security Officer and Privacy Officer. This should include a statement of commitment to support the information processing, storage and security needs of the CoE from the Medical Center Director. A letter of commitment or an MOU to support these needs signed by both the Medical Center Security Officer and Privacy Officer should also be included in this section.
- vii. Appendix 7. VISN Endorsement. Append an endorsement letter from the VISN Director including a statement of commitment from the VISN CIO to support the information processing, storage and security needs of the CoE.

Note: No other letters of endorsement should be sought or included;

if included, they will not be considered.

- viii. Appendix 8. Authorization to Share Materials for Review. It is expected that applications will be reviewed by VA and non-VA reviewers. Please append the following statement, signed by the proposed Center PI: “VA is authorized to share copies of all materials included in this application, for the purpose of review.”
- ix. Appendix 9. Previous Center Review Notification Letter. (for existing CoEs only).
- j. **Submission.** All proposals must be submitted in electronic format. In order to submit proposals electronically, the proposal text must be converted into a PDF file, as opposed to scanning the document. Application pages that cannot be converted or contain original signatures may be scanned; however, they must be incorporated into a single PDF file along with the converted text.
 - i. Submit on CD by courier service to:

**Department of Veterans Affairs
HSR&D (124C)
810 Vermont Avenue, NW
Washington, DC 20420**
 - ii. The contact number for courier delivery is: 202-461-1500.
- k. **Due Date.** Proposals received after the due date of **March 31, 2009** and applications from Medical Centers that fail to notify HSR&D **by 5 pm Eastern Time on February 27, 2009** of their intent to apply will not be reviewed. HSR&D will confirm receipt of intent to apply and proposals via facsimile or e-mail to the proposed CoE Center PI and ACOS for Research and Development (or designated contact listed beside ACOS signature at the end of VA form 10-1313-1, first application page). Proposals will be reviewed in May 2009. Approved Centers will be notified approximately no later than **June 30, 2009**. The funding period for each approved Center will begin at the start of **Fiscal Year 2010 (October 1, 2009)**.
- l. **Availability During Review Process.** Scientific review is expected to occur over a two-day period in mid-**May 2009**. Once the specific dates are scheduled, applicants will be informed and asked to identify a contact who can reach the proposed Center PI to respond to reviewer questions that may arise. Applicants are advised to make flexible plans (when the application is submitted) for a potential site visit during the period of **May 18-29, 2009**. The proposed key CoE

staff, Associate Chief of Staff for Research (ACOS/R&D), Medical Center Director (or appropriate representatives) and Academic Affiliates are expected to be available during the site visit. Site visitors will make an effort within this period to accommodate major conflicts, but scheduling is expected to be tight and may not be finalized until the scientific review is completed in mid-May.

ATTACHMENT B

HSR&D CHECKLIST FOR CoE APPLICATIONS

Proposed Center PI: _____

Proposed CoE Title: _____

Medical Center Name and Number: _____

VISN Number: _____

.....
4 General Checklist:

- Notice of Intent to Apply received in CO, HSR&D by 5:00 pm ET on 2/29/2009
- There are no more than two applications endorsed by the VISN Director
- There are **no** Social Security numbers (SSNs) in the application or on any VA forms
- All pages (exclusive of VA forms) use Arial 11-point font and are single-spaced with at least 1-inch margins on all sides
- All pages are numbered in the bottom right-hand margin (e.g., Smith-1 to Smith-87)
- Application is one PDF file on a CD; No paper copy included
- Application received in CO, HSR&D by 3/31/2009

4 Content Checklist:

- a. Table of Contents (page 1)
- b. VA Form 10-1313-1 (page 2)
 - Proposed Center PI is at least 5/8ths VA
 - Signature by ACOS/R&D certifying application is administratively complete
- c. VA Form 10-1313-2 (page 3)
- d. Proposal Narrative (no more than 28 pages total)
 - i. Executive Summary (1 page)
 - ii. Research Focus and Potential for Future Contributions (5 pages)
 - iii. Productivity (6 pages)
 - iv. Quality of Research and Key Impacts (2 pages)
 - v. Collaboration and Service (1 page)
 - vi. Facilities and Capacity (12 pages exclusive of VA forms)
 - (1) Summary of HSR capabilities (1 page)
 - (2) Organization Chart (1 page)
 - (3) Core Staff List and Descriptions (1-2 pages)
 - Ensure Center PI and Center Co-PI allocating at least 0.5 FTEE to Center
 - (4) Staff Overview – Table 1 (1 page)
 - (5) Steering Committee Description and Membership (1 page)
 - (6) Organizational/Operational Details
 - (a) Description of Center PI's reporting relationship to ACOS/R&D (<1/2 page)
 - (b) Description of Local Review Procedures (1/2 page)
 - (c) Description of Evaluation Mechanism (1/2 page)
 - (d) Description of Career Paths for Non-Clinician Professional Staff (1/2 page)
 - (e) Description of Academic Affiliate Relationship (1 page)
 - (f) Description of Medical Center commitment to the proposed CoE (1-2 pages)
 - vii. Facilities and Other Resources (1-2 pages)
 - (1) List of Community Institutions
 - (2) Description of Available and Contributed Resources
 - (3) Description of Any Other Support and Utility to Proposed CoE
 - viii. Literature Cited (NOT counted toward 28 page limit of narrative)

HSR&D CHECKLIST FOR CoE APPLICATIONS -- Continued

- 4 Content Checklist - *Continued*
- e. VA Form 10-1313-3 – Total Core Budget Request
 - f. VA Form 10-1313-4 – Total Core Budget Request Justification
 - g. VA Form 10-1313-4 – IT Budget Request
 - h. VA Form 10-1313-5/6 for each of the Center’s key VA and non-VA collaborating staff
 - i. Appendices (Not to exceed 30 pages for all appendices in total, exclusive of VA forms)
 - i. Appendix 1. Related Ongoing Projects
 - ii. Appendix 2. Steering Committee
 - iii. Appendix 3. Letters of Commitment
 - iv. Appendix 4. Memoranda of Understanding (MOUs)
 - v. Appendix 5. Additional Information (maximum 2 pages)
 - vi. Appendix 6. Medical Center Endorsement
 - Signed Endorsement Letter from Medical Center Director
 - Letter of Commitment or MOU signed by Medical Center ISO and PO
 - vii. Appendix 7. VISN Endorsement
 - viii. Appendix 8. Authorization to Share Materials for Review
 - ix. Appendix 9. Previous Center Review Notification Letter (for existing CoEs only)