

NCI Guidelines for Administrative Supplements for Transdisciplinary Geographic Management Program (GMaP)

Supplement Title: Administrative Supplements for Transdisciplinary Geographic Management Program (GMaP)

Application Deadline: July 1, 2009

Eligibility Requirements:

The Center to Reduce Cancer Health Disparities (CRCHD) of the National Cancer Institute (NCI) announces for the fiscal year of 2009 the opportunity for grantees to seek administrative supplemental funding for cancer health disparities planning research to create state-of-the-art regional networks/centers dedicated to CHD research and care through a Geographic Management Program (GMaP). This administrative supplement, known as the **Transdisciplinary Geographic Management Program (GMaP)**, is limited to NCI CRCHD's Minority Institutions/Cancer Center Partnership (MI/CCP), the Community Networks Program (CNP), and the Patient Navigation Research Program (PNRP) may apply for an administrative supplement providing the following conditions are met:

1. The original cancer research grant or cooperative agreement involves cancer health disparities basic, clinical or population-science research that is designed to overcome cancer health disparities.
2. Costs for the proposed implementation research cannot have been included in the original award.
3. The Principal Investigator (PI) for the supplement must be the PI of the original award.

Trainees from the Continuing Umbrella of Research Experiences (CURE) would also be encouraged to be included as active participants or collaborators.

CRCHD General Guidance for ARRA Funded Administrative Supplements:

- Eligible PIs may apply for this administrative supplement opportunity even if they have applied for other ARRA administrative supplements. Applicants may request administrative supplements for up to two years of funding. Preference will be given to requests of approximately \$100,000 in direct costs.
- Unobligated balances in the current grant, progress on previous CRCHD grants/supplements, and the number of other ARRA awards will be considered in NCI/CRCHD's evaluation of the supplement request.
- Funding priority will be given to those applications addressing ARRA goals of hiring and preserving jobs and accelerating the tempo of scientific research on active grants. All applications must clearly specify the purpose/projects for which funds are to be used.

Purpose:

The purpose of this administrative supplement is to support planning for the creation of state-of-the-art networks/centers dedicated to cancer health disparities research and care through a geographic management approach.

Background/Planning Objectives:

Overcoming cancer health disparities is essential to lessen the burden of cancer. To achieve this strategic objective, the National Cancer Institute's (NCI) is committed to the study and identification of factors contributing to disparities, developing culturally appropriate approaches, and disseminating interventions to overcome disparities across the cancer control continuum from disease prevention to end-of-life care.

NCI has continued to sustain and, in some areas, expand its research efforts in understanding and addressing the CHD issue. Yet despite best intentions, we have not been able to reduce disparities, particularly among some populations. In addition, little coordination of these efforts has been achieved to date. As a better understanding of the key determinants of CHD and the intensity and complexity of CHD has become more apparent, NCI recognizes that cancer health disparities cannot be overcome through incremental change in existing activities and that a range of current economic factors restrict opportunities to overcome our national struggle to overcome health disparities. Instead, it requires a fundamental transformation in the way that we approach this growing and complex issue.

The NCI's recently restructured Center to Reduce Cancer Health Disparities (CRCHD) is proposing new strategies and opportunities to better coordinate NCI CHD efforts and to establish structures and processes with potential to improve NCI's impact on overcoming CHD. These efforts are an attempt to envision this challenge as an entrepreneurial undertaking since there is both social and economic value to overcoming health disparities, as is evidenced by a growing body of studies highlighting the negative impact of the existence of health disparities on the nation's economic and social well-being.

CRCHD seeks to create state-of-the-art regional/programmatic networks/centers dedicated to cancer health disparities research and care through a Geographic Management Program (GMAP). GMAP will provide a systematic and comprehensive strategy for building region-based "hubs" for the support and efficient management of cancer health disparities (CHD) research, training and infrastructure. The goal is to advance the science of cancer health disparities in order to achieve measurable reductions in cancer health disparities in specific regions. This supplement proposes to lay a foundation for the development of these networks or "hubs" to address cancer health disparities using a geographic approach.

This administrative supplement will fund planning for the creation of state-of-the-art networks dedicated to cancer health disparities research and care by addressing the following three planning phases:

PHASE 1: Core Services/Elective Opportunities

Provide supporting GMaP infrastructure through the establishment of four core services:

- administrative core (to include a designated GMaP coordinator and a defined coordinated committee, along with strong commitment from a sponsoring institution)
- communication/dissemination core
- evaluation core
- training core

The following four elective opportunities, which will provide additional GMaP infrastructure and focus, include:

- Bioinformatics
- Clinical Trials
- Minority Biospecimens/Biobanking
- Advanced and Emerging Technologies

PHASE 2: Needs Assessment

Assess the region's current strengths, capabilities, needs and interest in developing a GMaP network.

PHASE 3: GMaP Implementation Plan

Based on the findings in the assessment, develop a detailed GMaP implementation plan which will provide the foundation for establishing an operational GMaP center, to include providing elective opportunities in the form of clinical trials recruitment, bioinformatics, minority biospecimens or biobanking, and emerging or advanced technologies.

Thus, with funds from this administrative supplement, each prospective GMaP hub will establish and work through a GMaP coordinator and coordinating committee with strong institutional commitment, as part of an administrative core (Phase 1); provide additional core services in communication, evaluation and training (Phase 1 continued); conduct a needs assessment as part of a broader planning process (Phase 2); and develop a GMaP implementation plan, to include providing elective opportunities in the form of clinical trials, bioinformatics, minority biospecimens or biobanking, and emerging or advanced technologies (Phase 3).

A description of each of the three planning phases comprising the GMaP concept follows below. For specific guidelines detailing the essential elements to include in each submitted application for this administrative supplement, please see the section entitled, "Applicants Guidelines to Address Each of Three GMaP Planning Phases" within the "Applicant and Submission Guidelines." Of note is the fact that this administrative supplement will not address GMaP implementation. Rather the focus of this administrative supplement is to fund *planning* for the creation of a GMaP network, the final product from which will be a comprehensive GMaP

Implementation Plan. Subsequent funding is anticipated to allow each proposed GMaP hub to fully implement their GMaP Implementation Plan.

GMaP Planning Phases

PHASE 1: Core Services/Elective Opportunities

GMaP networks will be organized and administered to maximize the potential of their research and training base so that the whole is more than the sum of its parts. Organizational and programmatic arrangements will ideally maximize the advantages and strengths in cancer disparities research and training within each hub. Each GMaP hub will ideally also promote joint initiatives, collaborations and interactions within and among its programs.

The infrastructure of each GMaP hub will include both **core services** and **elective opportunities**. In this way, intended communications and programmatic research activities from each GMaP hub will help to strengthen on-going programmatic partnerships (e.g. partnerships within and between MI/CCP, CNP and PNRP) and foster new collaborations among these programs and their community partners to promote scientific interactions and take maximum advantage of the collaborating institutions' CHD research and training capacities.

Four **core services** are required elements for each GMaP management structure/infrastructure to maximize collaboration among the regional partners composed of: 1) Administrative core (composed of a GMaP Coordinator and a GMaP Coordinating Committee, with strong commitment from a sponsoring institution), 2) Communication/Dissemination core, 3) Evaluation core, and 4) Training core.

The **elective opportunities** will be determined by each CHD hub based on their research and training strengths and expertise. For example, electives to advance the training pipeline in advanced and emerging technologies, developing coordinated strategies to improve clinical trials accrual and improve access to clinical trials for minorities and the underserved, establishing a regional bioinformatics grid that is compatible with national bioinformatics efforts (see caBIG), and/or establishing a community and regional biospecimens/biobanking strategy to advance research efforts targeted to CHD populations in the region.

Core Services

Core services within each GMaP hub will include:

Administrative Core

- A designated **GMaP coordinator** to facilitate administrative organization and ensure clear lines of communication among and between partnering grantees and between grantees and the NCI's CRCHD. The GMaP coordinator will be responsible for managing the development and forth coming recommendations from the GMaP implementation plan, as well as managing the day-to-day activities of the GMaP hub. Working together with the Coordinating Committee, the GMaP coordinator will be

responsible for providing the overall direction, management and administration of the GMaP hub.

- A defined internal **coordinating committee** (appropriately balanced for laboratory, clinical, community-based research, community members, and administrative staff) that meets regularly (minimum of once a month) and provides advisory, decision-making and priority setting actions for the conduct of GMaP network activities. Members should include representation from each of the three NCI-funded programs in the network, MI/CCP, CNP, and PNRP as well as representation from the CURE in the region.
- Demonstrated commitment from the **sponsoring institution** that will receive the supplement funds. The institutional commitment should be long-term, aimed at building a GMaP network, and demonstrated by noting specific resources that will be dedicated to the priorities of the hub.

Communications/Dissemination Core

- Identification of a coordinated set of **communication/dissemination** activities focused on increasing community access to CHD research through education, access and utilization of cancer primary and secondary prevention services, addressing regional and local barriers to care, and developing mechanisms to engage the community participation in setting the cancer agenda to overcome disparities in their regions; and to enhance communication, information exchange, and resource sharing among GMaP partners members within and among GMaP sites and with NCI staff.

Evaluation Core

- A defined set of mutually agreed upon metrics for **evaluation** to measure success in meeting the objectives of each GMaP hub.
- A list of strategies to provide on-going feedback to partners regarding progress in meeting the mutually agreed benchmarks for evaluation and to engage them in efforts to improve the coordination and management of CHD research and training efforts within each region, as well as to increase their institutions' interest in disparities research.

Training Core

- A comprehensive plan for **training** of the next generation of cancer researchers within the region that includes strategies for recruitment, mentorship and retention of faculty from diverse and underserved populations.

Elective Opportunities

Elective areas currently identified to build partnerships and leverage resources and from which an applicant may choose are:

- **Bioinformatics** to increase knowledge and application of infrastructure requirements, necessary interfaces, and applicability of components of NCI's Cancer Biomedical Informatics Grid (caBIG) program, and increase implementation of electronic medical records and exploration of application of electronic medical records in the provision of cancer care;
- **Clinical trials** to increase accruals to NCI-sponsored clinical trials among underrepresented and racially/ethnically diverse communities;
- **Minority Biospecimens/Biobanking** to increase knowledge of infrastructure requirements, policies and procedures, costs, and other issues (e.g. collaborations and contracts necessary for biospecimen collection, annotation and storage) required for implementation of NCI Best Practices for Biospecimen Resources;
- **Advanced and Emerging Technologies** to enhance understanding and application of advanced and emerging technologies (e.g. nanotechnology, clinical proteomics, and biophotonics) to cancer research through increased training, educational and research opportunities.

The selection of an elective area should be based on defining a scientific and training focus in CHD research that will be clear from each proposed GMaP network's grants and contracts, and from the structure and objectives of its joint initiatives and programs. For example, a GMaP hub may define its elective work to be cancer and clinical research specific, such as breast cancer clinical trials recruitment, or pursue a focus on advanced and emerging technologies, such as nanotechnology, proteomics or genomics related to CHD.

It is envisioned that each elective area will be linked to the strategic and overall programmatic priorities and scientific opportunities identified within each proposed GMaP hub. A subsequent round of competitive supplemental funds will be made available to provide a source of budgetary flexibility to a proposed GMaP site to implement their proposal, and allow each GMaP network to develop new collaborations and technologies; strengthen weaker scientific areas; provide scientists with the opportunity to explore innovative ideas; and take some risks. These initial research ventures will ideally enable GMaP centers to build competitive research teams to successfully pursue the RFPs when they do come.

PHASE 2: Needs Assessment

Each GMaP hub will be developed by first examining the NCI-funded research and training programs in the region. The needs assessment will allow for a global or comprehensive assessment of the state-, city-, local-, community-, and patient-level capability of effectively reaching the racially and ethnically diverse populations with a region with cancer advances. This is an integral activity that is required to analyze the strengths and opportunities present at each hub.

This portfolio assessment will be required to identify network areas of strength and expertise in CHD research and diversity training within each GMaP hub and begin to lay a foundation for the

design and implementation of infrastructure and programmatic (research, training and outreach) GMaP initiatives. The analysis will also help ensure that programs, partners and resources related or of potential benefit to addressing cancer health disparities within a region are either appropriately connected or have the potential to be appropriately connected. In addition, it will help encourage researchers to strategize on ways they can begin to work together to enhance region-based scientific exchange and strengthen research and training capacity focused on overcoming cancer health disparities

This analysis will include data from each of the three eligible NCI-funded programs (CNP, MI/CCP, and PNRP) related to research (e.g types of cancers addressed and funding by cancer type), training, education, outreach, infrastructure and personnel (e.g. numbers, expertise, training, and function), as well as associated trainees, partnerships, resources, activities and infrastructure. The assessment of trainees, partnerships, resources and activities should include, but not be limited to data on the number/type trainees and partnerships, and awareness/education and outreach materials (e.g. print and on-line), activities (e.g. health fairs, workshops) and interventions found within each of the three participating programs (CNP, MI/CCP, and PNRP). The assessment would also describe the infrastructure (e.g. tissue resources, clinical trials accrual, clinical research management, and special equipment) which is currently available within the region for development of a GMaP hub.

As part of this assessment, it will also be important to assess data for population-, city- and state-wide cancer patterns and structural barriers both within the individual institutions, and in the broader research community to examine the initial capacity of the region to address cancer disparities. Such structural barriers may include disciplinary and funding silos that limit disparities related research, lack of mechanisms for ensuring a faculty's cultural competency, having a limited number of minority faculty, and/or perceptions among basic and clinical scientists that cancer disparities are not relevant to them. Strategies currently being used to address barriers and identification of factors at the state and federal level to facilitate efforts would also need to be identified. The analysis will likely utilize both conventional (such as analysis of data from archival sources) and participatory (such as in-person interviews and telephone surveys) approaches, and would be initiated by NCI staff, and then, enhanced and completed by grantees within each regional hub.

PHASE 3: GMaP Implementation Plan

With the establishment of a coordinated management structure/infrastructure composed of an administrative core (composed of a regional coordinator and coordinating committee, along with institutional commitment) and related communication/dissemination, evaluation and training core services, and elective opportunities (Phase 1), and the completion of a needs assessment to assess current strengths, capabilities, needs and interest in developing a GMaP regional hub (Phase 2), and a period of time should be devoted to the conceptualization, coordination and identification of the personnel, laboratories, and elective opportunities that will be included in a GMaP implementation plan (Phase 3). Building on the findings in the assessment, this plan will detail the background development of the proposed GMaP hub, outline immediate and long-term objectives, specify plans and programs for each of the core services (administrative,

communications/dissemination, evaluation and training), select elective opportunities, and describe the resources and infrastructure proposed for the GMaP network. This phase 3 planning period is the time when anticipated tenets of a GMaP network will be established.

Application and Submission Guidelines

Applicants are encouraged to discuss their administrative supplement request with the NCI GMaP Program Director prior to submission.

Use the [PHS 398 research grant application instructions and forms](#) (rev. 11/07) at Follow standard PHS 398 instructions for font size. NIH will return applications that are not submitted on the 9/04 version. For further assistance contact GrantsInfo at 301/435-0714 or via email at GrantsInfo@nih.gov.

All requests must include the following:

Cover letter: Request the administrative supplement and refer to and provide contact information for the project leader of the application. The cover letter must be signed by the applicant's Cancer Center Director and the appropriate business official of the institution. Include the following statement: "Per supplement instructions, a detailed budget request is enclosed."

PHS 398 Face page (PHS 398, Form Page 1):

- Item 1: The request must have the same title as the original award. Please include the number of the original grant.
- Item 2: Identify the supplement as "**Transdisciplinary Geographic Management Program (GMaP).**"
- Item 3: The request must have the same PI as the original grant.
- Item 4: Request a single year of support. There must be an active original award during the entire funding period.
- Items 7A-8b: Denote the direct and total costs for the first year, as well as for the entire period of support. Total costs should not exceed those stated under Allowable Costs above.

PHS Biographical Sketch Format Page: For key personnel in each of the three programs (MI/CCP, CNP and PNRP) and CURE, and the proposed Coordinating Committee members.

PHS Other Support Format Page: Documentation of active research funding (i.e., NIH, other federal, private sources) for all collaborating investigators.

Detailed Budget for Initial Budget Period [PHS 398 (09/2004), Form pages 4-6]

All applicants must provide an itemized budget, signed by the grantee institution's business office.

Applicant Guidelines to Address Each of Three Planning Phases

Applicants should address all of the essential elements for each of the three planning phases (core services/elective opportunities, needs assessment and GMaP Implementation Plan) listed below.

PHASE 1: Core Services/Elective Opportunities

Applicants are expected to describe the leadership and specific functions of the administrative core to be composed of a GMaP coordinator and coordinating committee, along with strong commitment and support from a sponsoring institution. Working together, the GMaP coordinator and coordinating committee will provide the necessary oversight, coordination, support and logistical services needed to make each collaborative GMaP hub function effectively. Applicants are also expected to identify and describe the specific functions of the three additional cores: communication/dissemination, evaluation, and training. This section would also include proposed organizing meetings, workshops and retreats, and processes for communicating among the GMaP coordinator, coordinating committee, sponsoring institution, key partners/stakeholders and the community, as well as for documenting, including secretarial services, the results of the activities among these same entities. In addition, the applicant must include in this section a description of a process and criteria for selecting one or more elective opportunities.

It is preferred that individuals designated as the *GMaP coordinator* be well-established leaders within the region, with active programmatic experience and competitive research support. If the GMaP coordinator is not a well-established practitioner and researcher within the community, the application must demonstrate that this individual has substantial broad-based experience in cancer health disparities or a 2-3 year professional development plan for the individual to develop those capabilities, skills and experience must be provided. A biosketch and letter of commitment for this coordinator must be provided.

The *Coordinating Committee (CC)* will provide the advisory, decision-making and priority setting actions for the conduct of each GMaP network's activities. It is expected the CC will operate in a collaborative, mutually-beneficial relationship in which each member believes that by working jointly together they can help each other and their region develop stronger cancer programs. Applicants must list the names of the coordinating committee members, provide a biographical sketch and letter of commitment from each, describe how members were selected and the expertise they will bring to the CC. Applicants are also expected to outline each internal planning session (e.g., CC meetings, regular forums and seminars, workshops, retreats), and each communication/dissemination, evaluation, and training core activities that the CC would be involved in planning, conducting, and overseeing. A biosketch and letter of commitment from each member of the Coordinating Committee must be provided. The selection criteria utilized to identify the Coordinating Committee members must also be specified.

It is expected that a letter of commitment be provided from the *sponsoring institution*. The institutional letter of commitment should detail a long-term commitment to building a GMaP network by noting the specific resources that will be dedicated to the priorities of the hub.

Face-to-face informal meetings between collaborating members are among the most effective methods of *communication/dissemination*. In instances when distances or different locations are challenges, applicants are encouraged to consider and identify other methods of communication including e-mail, teleconferences and videoconferences. Communication processes should be defined, including how the progress of the collaborations will be reported to institutional leaders, and strategies for improving coordination and management of CHD research and training efforts within each region, as well as increasing their institutions' interest in cancer disparities research and training. This section must also include a CC review and evaluation process for initiating and closing all GMaP projects, based on their merit and potential for achieving the objectives of the GMaP hub and its progress. In addition, processes must be defined for determining how partners, resources and infrastructure needs will be established for the GMaP hub

Applicants must explain how they propose to evaluate the success of each GMaP hub in meeting its objectives. This would include identifying and describing metrics, goals and a process for *evaluation* as well as strategies for providing on-going feedback to partners regarding progress in meeting objectives.

Applicants must specify how they would develop a comprehensive *training* plan to include CURE trainees as collaborators in the GMaP hub, provide for the continued training of the next generation of diverse cancer researchers within the region, and include strategies for recruitment, mentorship, career development and retention of minority faculty.

Finally, applicants are expected to describe the criteria and process which the Coordinating Committee will use in selecting one or more *elective opportunities* in the areas of bioinformatics, clinical trials, biospecimens/biobanking, and advanced and emerging technologies to advance the long-term goals/objectives of their GMaP hub.

PHASE 2: Needs Assessment

Applicants must clearly document how their GMaP network would be derived based on careful planning, needs assessment and priority-setting processes. The needs assessment should be based on an examination of each contributing CNP, MI/CCP and PNRP member's strengths/weaknesses and potential to help each other become stronger in relevant targeted areas, and guide development of the appropriate skills to recognize and address cancer health disparities among their communities. It is expected that the needs assessment will be an important activity in the overall planning, developing and implementing of each GMaP hub.

To assess the needs of a potential GMaP network, each applicant is expected to identify and describe a process for identifying the strengths, capabilities, needs and interests of the community, faculty, staff and investigators involved in cancer research and training in their geographic region and should be drawn from a careful examination of the NCI-funded MI/CCP, CNP, PNRP and CURE programs in the area. This process must identify and describe a methodology for conducting a needs assessment that will provide comprehensive and unbiased information to assist in the planning and prioritizing of GMaP cancer research and diversity training activities, and selection of elective opportunities. The description of the needs assessment must also include measures to assess the interest and desire to address cancer and

cancer disparities topics among the community, and to assess the interest in participating in a GMaP network and the strengths, capabilities and needs in cancer research and training among the faculty, staff and investigators associated with each of the NCI-funded MI/CCP, CNP, PNRP and CURE programs. In addition, a listing of the individuals who would participate in the needs assessment from each of the NCI-designated program and a plan for involving or reporting back to the CC must be described.

PHASE 3: GMaP Implementation Plan

Using the needs assessment as a basis, each applicant must describe in this section the overall planning and priority processes that would be undertaken to develop, implement and evaluate a GMaP network in their geographic region. This description must clearly document how the GMaP hub would be derived, and present each process that would be used in planning and setting the priorities and objectives for the proposed GMaP region. Applicants must briefly describe, in chronological order, the nature of each planning activity that would be undertaken (e.g. meetings of higher institutional officials, planning committees, steering committees in areas of opportunity, workshops of MI/CCP, CNP, PNRP and CURE faculty), its purpose, the individuals who would participate from each of the NCI-designated programs, function and involvement of the CC, and anticipated outcomes. In addition, a proposed timeline and budget for planning, developing, implementing and sustaining the GMaP hub must be included. This section should be identified as “Planning and Priority-setting Processes.” It should also include background/objectives, plan development for each of the core services and elective opportunities, and for resources/infrastructure as described below.

Background/Objectives. Applicants must explain how the building of a GMaP “hub” for the support and efficient management of cancer health disparities research, training and infrastructure can help each of the NCI-funded MI/CCP, CNP, PNRP, and CURE programs work better together to develop stronger cancer and cancer health disparities research and training programs. Each applicant must also outline a process for determining immediate and long-term priorities of the GMaP network to be derived from a careful planning process that seeks to establish a research and training “hub” for addressing cancer health disparities.

Core Services. Each application must describe how each of the core services (administrative, communication and dissemination, evaluation and training) would be developed and implemented based on their respective plans described in Phase 1 of the “Guidelines to Applicants” section. It is expected that the final GMaP Implementation plan would include a full description of how each of the core services had been planned, would function and would be operationalized, as part of the infrastructure needed for a GMaP network to fully address its cancer health disparities.

For the training core, applicants must also specify how the CURE trainees in their region would be included in the planning and implementation of the GMaP hub to ensure a diverse workforce and the continued training of the next generation of competitive cancer and cancer health disparities researchers. A process must be defined for determining a listing of the current CURE trainees in the region, where they are located, the nature of the current research, and brief biographical sketches must be included. The applicant must also identify a mentoring process and describe how career development plans would be adapted to include a GMaP component.

Elective Opportunities. Each application must also include a process and criteria for selecting an elective opportunity, and if possible, select at least one proposed elective based on the research, activities and training within the region, with the understanding that this selection may change pending the completion of the needs assessment and with CC and NCI approval. The elective opportunities from which an applicant may choose are: bioinformatics, clinical trials, minority biospecimens/biobanking, and advanced and emerging technologies. Applicants must describe how the selection of the elective opportunity would be derived from the scientific and training focus of the proposed GMaP hub, and how it builds upon current grants and contracts within the region as well as the structure and objectives of current joint initiatives and activities.

Applicants must prepare this section with the understanding that the final GMaP Implementation Plan would include a brief description of the nature of the selected elective opportunity including its 1) goals/objectives, 2) justification for how this elective would be linked to the strategic and overall programmatic priorities and scientific opportunities identified within their GMaP hub, 3) location and commitment of space for the elective (if appropriate), 4) names of co-leaders who will direct the elective, 5) experience of the key technical personnel, if applicable, who will be responsible for the day-to-day operation, 6) proposed budget using pages 4 and 5 from Form PHS 398, 5), and 7) training plans and objectives (if appropriate).

Resources/Infrastructure. Applicants must describe a process by which the Coordinating Committee would assess the resources and infrastructure (e.g. tissue resources, clinical trials accrual, clinical research management, special equipment) needed to develop a GMaP region, with the understanding that the final GMaP Implementation Plan would need to include the following information: 1) title of the resource/infrastructure to be developed, 2) description of the resource/infrastructure and how its development will further the priorities of the GMaP site, 3) location and commitment of space for the resource, 4) names of co-leaders who will direct the activity, 4) experience of the key technical personnel, if applicable, who will be responsible for the day-to-day operation, 5) proposed budget using pages 4 and 5 from Form PHS 398, 5), and 6) justification for the location of the resource.

Literature Cited

Provide a listing of relevant publications.

Relevant letters of Support

Provide letters of commitment from the each of the Coordinating Committee Members, which is expected to include appropriate representation from each of the participating CNP, MI/CCP and PNRP programs in the region, and from the sponsoring institution.

Post Award Requirements

ARRA Related Reporting. Post award, GMaP awardees will be required to provide periodic reports for use by NCI/NIH to fulfill ARRA related reporting requirements. Details regarding

the specific content and timeframes for these reports are yet to be determined. However, the expectation is that GMaP networks would fully comply with these requests.

Final Report. Within 90 days after the conclusion of the funded activity, the PI must submit to their respective original grant and CRCHD Program Officials a Final Progress Report that will constitute the final *GMaP Implementation Plan*, and include, as described previously in the “Applicant Guidelines to Address Each of the Three Planning Phases” section, a complete and detailed description of the planning and priority setting processes, activities, background/objectives, core services and elective opportunities, resources/infrastructure and outcomes that address each of the three planning phases of 1) core services/elective opportunities, 2) needs assessment and 3) GMaP Implementation Plan detailed in the Background/Objectives section. It is expected that the applicant will submit this final GMaP Implementation Plan in a format that could be readily adapted as a manuscript for submission to a peer review, scientific journal, that would have been previously approved both by the Coordinating Committee and NCI program.

Submission of Administrative Supplement Request

Requests for these administrative supplements must be submitted to CRCHD (see address below) as described in these program guidelines. This is a one-time announcement and formal requests must be received on or before July 1, 2009. Late applications will not be accepted. Note the NIH Center for Scientific Review (CSR) IS NOT involved in receipt and processing of these requests. **Applicants are strongly encouraged to submit their administrative supplement requests electronically as an e-mail attachment in PDF format; however, the scanned application must include the signature of the AOR.**

Electronic Submission

If sending an electronic PDF copy, the email address is cmoten@mail.nih.gov. **DO NOT** submit application via Grants.gov as the NIH Center for Scientific Review (CSR) **IS NOT** involved in receipt and processing of these requests.

Paper Submission

Submit a signed, typewritten original of the proposal and **five** signed, single sided photocopies, in one package to:

Carmen Moten, Ph.D., M.P.H.
GMaP Co-Program Director, Center to Reduce Cancer Health Disparities (CRCHD)
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Review Considerations

All proposals will undergo review for scientific and technical merit by a committee of NCI staff with expertise in the disciplines pertaining to cancer health disparities. Those proposed projects judged to be responsive to the intent of this initiative will be evaluated based on the review criteria below, and prioritized accordingly. Applications will be evaluated on the following review criteria, organized by the three planning phases:

PHASE 1: Core Services/Elective Opportunities

GMaP Coordinator and CC Leadership: Do the qualifications and experience of the GMaP coordinator and proposed members of the CC provide strong scientific and administrative leadership that will help in achieving the objectives of building region-based GMaP hubs for cancer research and training?

Letters of Commitment from CC members and sponsoring institution: To what degree do the letters of commitment fully support the development of a strong GMaP network and help in achieving the overall GMaP objectives and priorities? What is the level of authority of leadership committing to the GMaP network?

Administrative, Communication/Dissemination, Evaluation and Training Core Services and Elective Opportunities: Are descriptions of the specific functions of each of the core services and process of selecting an elective opportunity adequate for the proposed GMaP hub to function effectively?

PHASE 2: Needs Assessment

Is the design and quality of the needs assessment methodology and measures adequate to identify the strengths, capabilities, needs and interest of the participating NCI-funded MI/CCP, CNP, PNRP and CURE programs, and thus, provide a basis for broader GMaP planning and priority setting? Are the qualifications and experience for each of the proposed participating individuals adequate? Is the plan for involving the CC appropriate and adequate?

PHASE 3: GMaP Implementation Plan

Is the design and quality of each of the planning and priority-setting processes adequate to develop, implement, evaluate and support a GMaP hub? Are the qualifications and experience for each of the proposed participating individuals who would participate in the planning processes appropriate and effective? Is the plan for using the CC members effective? Are the process, criteria and plan for developing each of the core services and undertaking an elective opportunity adequate? Are the process and criteria for identifying and implementing the resource and infrastructure needs adequate? Is the proposed timeline and budget appropriate?

Award Criteria

In addition to the CRCHD General Guidance for ARRA Funded Administrative Supplement (see page1), awards will be based on the following criteria: a) scientific and technical merit of proposed project; b) the adequacy to include both genders, minorities and their subgroups, and children as appropriate for the goals of the implementation plan; and c) availability of funds.

Authority and Regulations

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and discourages the use of all tobacco products. In addition, Public Law 103-227, the Pro- Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Inquiries

Inquiries concerning the GMaP concept, application requirements and supplement and application process should be addressed to:

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