

Economic Justice Interventions to Address HIV and HIV Syndemic Factors in California

Request for Proposals (RFP), 2024

Important Dates	
RFP Release Date:	Monday, April 1, 2024
Webinar for Applicants:	Thursday, April 25, 2024, 12:00 Noon (will be recorded)
Questions Due:	Thursday, May 2, 2024, 12:00 Noon
Responses Posted:	No later than Thursday, May 9, 2024, 12:00 Noon
Letters of Intent (LOI) Due:	Thursday, May 16, 2024, 12:00 Noon
LOI Notifications Sent:	Thursday, May 23, 2024
Invited Applications Due:	Thursday, July 11, 2024, 12:00 Noon
Notification of Peer Review Outcome:	Monday, December 2, 2024, 12:00 Noon
Performance Period:	March 1, 2025 – February 28, 2027 (Two Years)

1. CHRP Mission and Programmatic Priorities

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

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

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

2. Goals of this Funding Initiative

With this Request for Proposals (RFP) CHRP seeks to support **research towards determining the efficacy of economic justice interventions upon HIV-specific outcomes amongst persons living with HIV within our communities that are most impacted by HIV across California**¹. To do this, CHRP will fund multiple two-year pilot studies which would generate the preliminary data needed to compete for larger awards from other funders (such as an NIH R01). Results from these projects would contribute toward <u>California's goal of ending the HIV/HCV/STI epidemics</u>² by providing evidence to justify HIV-related economic interventions at scale. Specifically, this research initiative aims to:

- A. Support highly focused and innovative pilot studies that will demonstrate the feasibility, acceptability, and preliminary efficacy of economic interventions intended to improve HIV-specific outcomes among economically marginalized persons living with HIV in California;
- B. Fund research plans that will yield the preliminary data needed to successfully compete for larger research grants from other funders;
- C. Create a cohort of research investigators and trainees in California working to address poverty as a root cause of health inequities and HIV-related outcomes among persons living with HIV; and
- D. Support diversity in the pipeline of future investigators with additional funding for students and trainees from diverse and underrepresented communities, from communities that are highly impacted by HIV in California, and/or who have demonstrated commitment to diversity efforts.

¹ https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CDPH_StratPlan2021_FINAL_ADA.pdf ² lbid.

3. Background

Social conditions have long been acknowledged as fundamental causes of suboptimal health outcomes.³ In the context of HIV in California, social conditions such as lack of income and lack of access to health care are implicated as causes of poor HIV-related health outcomes and provide important context for more individual-level risk factors (such as attending HIV-related primary health care visits). In California, many of our communities that are most impacted by HIV (have the highest incidence or prevalence⁴) are the same communities that are most impacted by poverty (have the highest percentage of adults living below the Federal poverty level)⁵.

Public health programs that seek to improve HIV-specific outcomes (such as viral suppression) for individuals in these communities are often constrained by their inability to address the underlying sociostructural causes of suboptimal HIV-related health behaviors (such as adherence to antiretroviral therapy [ART]). For example, if a person is sleeping on the streets and their medication is stolen, a behavioral intervention such as a text reminder won't be enough to improve their ART adherence. Root social causes such as poverty, housing insecurity, lack of transportation, and insufficient childcare could be directly addressed by providing specific resources: money to alleviate poverty; health insurance or money to purchase health insurance; housing or vouchers to purchase housing; transportation or taxi script to purchase transportation; and childcare or programs to purchase childcare.

Generally, "economic interventions" are programs that provide direct financial resources to individuals. Many have been shown to be effective in improving health outcomes using both quasi-experimental and experimental designs. California is leading the nation in testing economic interventions at scale: in 2021 the <u>California Guaranteed Income Pilot Program</u> was launched, with \$35 million in matching funds to be provided to California counties, cities, and non-profit organizations that develop or expand guaranteed annual income pilot programs. Awardees are currently conducting randomized, controlled trials to evaluate implementation and impact of their programs. Interventions must provide a minimum of \$600 per month to participants; each program is required to protect participants from losing access to other public benefits (CalWORKs; CalFresh; etc.) due to the receipt of any guaranteed income using an exemption request, an important consideration when working with low-and zero-income populations. Notable examples of other investigations that built the evidentiary case for economic interventions include:

- In 1971, the "Mincome" experiment in Manitoba showed that a guaranteed income program led to significant declines in hospitalization rates compared to controls⁶.
- A guaranteed annual income intervention in Canada led to improvement in physical, mental, and functional health amongst Canadian seniors⁷.

 ³ Link BG, Phelan J. Social conditions as fundamental causes of disease. J Health Soc Behav. 1995; Spec No:80-94. PMID: 7560851
⁴ Surveillance and Prevention Evaluation and Reporting Branch, Office of AIDS, California Department of Public Health. Epidemiology of HIV in California, 2017-2021. Table 8.

⁵ Ibid. Table 2a.

⁶ Forget EL. New questions, new data, old interventions: the health effects of a guaranteed annual income. Prev Med. 2013 Dec;57(6):925-8. doi: 10.1016/j.ypmed.2013.05.029. Epub 2013 Jun 10. PMID: 23764242.

⁷ McIntyre, L., Kwok, C., Emery, J.C.H. *et al.* Impact of a guaranteed annual income program on Canadian seniors' physical, mental and functional health. *Can J Public Health* **107**, e176–e182 (2016).

- In a basic income experiment in Finland, participants had lower stress levels than controls⁸.
- A lump-sum transfer experiment amongst Cherokee Native Americans led to a significant reduction in prevalence of psychiatric disorders among children⁹, and the effects persisted when those children became adults¹⁰.
- In a trial in Kenya, unconditional lump-sum transfers led to reduced food insecurity¹¹.
- In 2019, the city of Stockton¹² launched a randomized controlled trial which provided \$500 per month to n=100 residents (and n=200 controls) and showed early signs of potential effects on health-related outcomes (but was ultimately constrained by pandemic-related societal changes).
- In Kentucky, the State-level Earned Income Tax Credit was associated with a significant reduction in reported HIV risk behavior amongst single mothers¹³.

Taken together, these examples and more have demonstrated the impact of economic interventions on health outcomes for economically marginalized persons, and that impact may extend to HIV-related outcomes for economically marginalized persons who are living with HIV, thereby contributing to our Ending the Epidemics goals here in California. To test this, the purpose of the present RFP is to explore the feasibility, acceptability, and preliminary efficacy of economic justice interventions on HIV-specific health outcomes for economically marginalized persons living with HIV in California.

4. Research Objectives to be Addressed by Proposed Work

Successful applications will propose research that meets these objectives:

Objective 1: Will test feasibility and acceptability, and measure the potential efficacy, of an economic justice intervention which aims to increase an HIV-specific health outcome among a specific study population of persons living with HIV who are economically marginalized; **Objective 2**: Is likely to provide robust evidence for the potential feasibility, acceptability, and potential efficacy of the intervention selected;

Objective 3: Provides a detailed and robust approach with appropriate study design; rigorous methods and measures; operationalized definitions of the study population and eligible individual study volunteers; and a research plan that supports a high likelihood of completing the project.

⁸ Kangas, O., Jauhiainen, S., Simanainen, M. and Ylikännö, M. (eds., 2019), "Effects of the basic income experiment on employment and well-being", Helsinki: Ministry of Social Affairs and Health.

⁹ Costello EJ, Compton SN, Keeler G, Angold A. Relationships between poverty and psychopathology: a natural experiment. *JAMA*. 2003;290(15):2023-202914559956

 ¹⁰ Costello EJ, Erkanli A, Copeland W, Angold A. Association of Family Income Supplements in Adolescence With Development of Psychiatric and Substance Use Disorders in Adulthood Among an American Indian Population. *JAMA*. 2010;303(19):1954–1960.
¹¹ Haushofer J, Shapiro J. The Short-Term Impact of Unconditional Cash Transfers to the Poor: Experimental Evidence From

Kenya. Q J Econ. 2016 Nov;131(4):1973-2042. PMCID: PMC7575201. ¹² West S, Castro A. Impact of Guaranteed Income on Health, Finances, and Agency: Findings from the Stockton Randomized Controlled Trial. J Urban Health. 2023 Apr;100(2):227-244. PMC10160253.

¹³ Narain KDC, Harawa N. Evidence for the Role of State-Level Economic Policy in HIV Risk Reduction: State Earned Income Tax Credit Generosity and HIV Risk Behavior Among Single Mothers. AIDS Behav. 2023 Jan;27(1):182-188. PMCID: PMC9852166.

Proposals must meet the following scientific requirements:

• **Study populations** must be specific communities of people who are living with HIV¹⁴. Communities of interest include the priority populations identified by the California Office of AIDS¹⁵, as well as other highly impacted communities that may be economically marginalized. CHRP has particular interest in supporting those communities who have historically been systematically excluded from research funding and/or institutionally oppressed. The most recent epidemiological data from the California Office of AIDS identifies the communities in our state who are most impacted by HIV, HCV, and/or sexually transmitted infections to include:

"People of Color, especially Blacks/African Americans, Latinx, and Indigenous people; young people (ages 15-29 years); gay and bisexual men and other men who have sex with men; people who are transgender or gender non-conforming; people who use drugs, including people who inject drugs; people experiencing homelessness or housing insecurity; people who are or have been involved with the carceral system; people who exchange sex for drugs, housing, and/or other resources; people who can become pregnant; and migrant or immigrant communities, including people who are undocumented."¹⁶

- Individual study volunteers must be currently economically marginalized; applications must propose contextually appropriate operationalized definitions and screening rubrics for this.
- Interventions to be piloted and/or tested must be economic in nature. Examples include guaranteed annual income; universal basic income; lump-sum cash transfers; unconditional recurring cash transfers; earned income tax credit; and others with justification. Ancillary services such as financial planning, job training, and childcare are allowed, but the primary intervention must involve direct provision of cash income to study volunteers.
- Primary outcome measures must be HIV-specific. Although benefits beyond HIV-related outcomes (such as on substance use, sexually transmitted infections, housing status, use of non-HIV-specific primary health care services) may occur and thus may merit measurement, the primary endpoints (those upon which power calculations are based) for projects funded by this RFP must be HIV-specific. Examples of appropriate HIV-related outcomes include (but are not limited to): increased adherence to antiretroviral therapy; achieving or maintaining viral suppression; and improved utilization of HIV-specific medical care or services (such as fewer missed appointments). HIV transmission risk behaviors might also be measured.
- **Potential efficacy** must be measured as the difference in efficacy between at least two comparison groups. As pilot studies, achieving power to detect *significant* differences is not required.

¹⁴ Demonstrating an effect of an economic intervention upon HIV-related outcomes for persons of negative or unknown viral status would require more resources (study participants; time; money) than CHRP has available.

¹⁵ https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CDPH_StratPlan2021_FINAL_ADA.pdf ¹⁶ lbid.

• At the time of intervention withdrawal (end of cash income from the study), study volunteers may be newly at risk for harms that are different to those present during the intervention. Research plans should address this aspect of study participation and articulate a discontinuation plan to minimize these risks to the extent possible.

Qualitative and/or implementation framework components that would strengthen the findings are encouraged but not required. Investigators should consider developing a community-engaged framework which includes the voices of persons living with HIV, or economically disadvantaged communities, ideally in both the study design and implementation. Applicants should explain how their proposed work will be non-extractive and will establish non-transactional relationships with persons in the priority population.

5. Eligibility

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

Principal Investigator: The applicant is required to have PI status at a non-profit institution in California, or assurance in writing from their institution that PI status will be granted "just in time" upon an offer to fund this award. Neither US citizenship nor permanent residency are requirements for the PI, nor for any personnel. **PIs at any stage in their careers are welcome to apply**. New investigators (NI)s are PIs who have not received substantial independent research funding from NIH (such as an R01; see list of NIH grants that a PI can hold and still be considered an ESI <u>here</u>), and have not received CHRP or RGPO funding as PI. PIs who qualify as NIs should note this by checking the "new investigator" box in the online application and should include a brief NI statement on the first page of the research plan document. NIs are required to be supported by a seasoned mentor. Mentors may provide effort without support but must be listed in Key Personnel whether support is requested or not.

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

Multiple Applications, Multiple PIs: Applicant PI can submit only one LOI to this RFP; failure to comply with this requirement will result in the rejection of all such applications without review. Applicant PIs are allowed to serve as *key personnel* in more than one application under this RFP (but as PI in only one).

Multiple principal investigators (Co-PI) are not allowed under this mechanism, but co-investigators are allowed. Individuals, community-based organizations, and health systems/jurisdictions may participate in more than one application under this mechanism.

6. Available Funding, Anticipated Number of Awards

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

7. Award Duration, Budget, and Requirements

Each award will support up to **two years** of related activities, and budgets may not exceed **\$500,000** in **direct costs** over the entire project period (plus indirect costs as allowed per RGPO policy; see the RGPO Grants Administration Manual [<u>GAM</u>]¹⁷ for more information. Monies can be unevenly distributed across the years to adjust for project lifecycle (e.g., lower annual costs in earlier time periods during start-up and planning, and higher annual costs during implementation). Continued funding beyond year one is contingent on progress toward milestones enumerated in the application.

Allowable direct costs include salaries and fringe benefits; supplies and other project expenses; subcontracts (out-of-state sub-contracts and collaborations are generally not allowed); equipment (defined as any item costing \$5,000 or more); and limited travel. Travel includes (a) scientific conference travel, and travel for the PI (and one mentee if applicable) to at least one CHRP-hosted grantee meeting per award, together limited to 2% of total direct costs; and (b) project-related travel as needed to carry out the funded research, such as travel of project staff between clinic sites, which is not limited. The PI must commit a minimum of 10% effort with support (1.2 person-months) in each project year. Periods of effort without support are allowable for other key personnel, but not for the PI.

Applications must specify an estimate of any cash to be provided to study participants as part of the study, expressed as amount per person per month, total provided per person over the duration of the study, and total provided to the cohort for the duration of the study (see Table 1 below for an example, using a hypothetical n=25 and showing totals for two different cash levels). The total amount should be reflected in the budget under the category "other project expenses" with the full calculation provided in the budget justification.

¹⁷ http://www.ucop.edu/research-grants-program/_files/documents/srp_forms/srp_gam.pdf

Either Intervention is 6m Duration		Or Intervention is 12m Duration			
Cash per Person	Total Cash	Total for	Cash per Person	Total Cash	Total for
per Month	per Person	Cohort (n=25)	per Month	per Person	Cohort (n=25)
Either \$500	\$3,000	\$75,000	Either \$500	\$6,000	\$150,000
<i>Or</i> \$1,000	\$6,000	\$150,000	<i>Or</i> \$1,000	\$12,000	\$300,000

Table 1: Scenarios of Total Cash Provided to Volunteers	: Three Amounts; Two Durations
---	--------------------------------

8. Prospective Applicant Webinar

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

9. Applicant Questions that Arise After the Webinar

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

10. Submitting a Letter of Intent (LOI)

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

Investigators can submit only one LOI as PI to this RFP. A complete LOI for this solicitation consists of:

- □ PI Applicant profile (including ORCID ID)
- □ Project Title (100 characters)
- Project Duration (up to two years), Performance Period (enter dates on page one of this RFP)
- □ New Investigator Checkbox (yes/no)
- □ Referral Source(s)
- LOI Scientific Abstract (limit 2,400 characters)
- LOI Specific Aims (limit 2,400 characters)
- CHRP Research Priority Area; Research Type and Sub-Type; Subject Area; Focus Area (see LOI instructions for response options)
- □ Total Amount of Funding Requested (direct costs only)
- □ Suggested Reviewers (optional)
- Applicant Electronic Signature and Date.

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

- 1. LOI ONLY: Significance, Innovation, and Impact (50% of total LOI score)
- 2. LOI ONLY: Framework and Intervention (30% of total LOI score)
- 3. LOI ONLY: Approach and Feasibility (20% of total LOI score)

Score values correspond to the descriptors in Table 2 below.

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

Table 2:	Scoring	Rubric
----------	---------	--------

¹For example, proposal addresses an exceptionally significant problem with an exceptionally innovative intervention or implementation, has exceptional potential to impact the field, and will be executed with an exceptionally thoughtful and detailed approach.

Final LOI scores will be ranked and considered in the context of programmatic priorities such as portfolio equity, distribution of resources, and representativeness of the HIV epidemic in California. No more than the 25 most meritorious LOI submissions will be invited to submit full proposals; our intention is to engage fewer scientists with the labor-intensive requirements of writing the full proposal. All LOI applicants will be notified of LOI approval/rejection via <u>SmartSimple</u> at the same time, on or before the date shown on page one of this RFP, and will gain access to the full application materials at time of LOI notification. No application may move forward without an approved LOI.

11. Submitting a Full Application

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

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

12. Peer Review and Scoring Criteria for Full Applications

All complete applications will be reviewed by a panel which includes (a) persons with lived experience in communities that are highly impacted by HIV in California, and (b) scientists from outside California who are subject matter experts and experienced peer reviewers. Reviewers will receive training and a manual of policies and procedures for application scoring and review before access to the applications is allowed; the manual is available to applicants by request. Current <u>*RGPO policies and procedures*</u> concerning confidentiality and conflicts of interest will be observed. Scoring will be based on the rubric shown in Table 2, using the following scoring criteria:

1. Significance and Impact (30% of total score)

Significance will be assessed as the degree to which the study population is affected by HIV in California; the degree to which economic barriers may impact access to HIV-specific care for persons in that population; and the appropriateness and significance of the proposed intervention and of the outcome measure(s) selected. Impact will be assessed as the likelihood of yielding the preliminary data needed to compete for larger awards from other funders.

2. Innovation (20% of total score)

Scoring will reflect the degree to of innovation demonstrated by the combination of study population, intervention, setting, and outcome measurements.

3. Approach and Feasibility

- a. **Overall Research Plan, Design, and Conceptual Framework(s) (40% of total score):** Scoring will reflect the appropriateness and scientific rigor of the overall approach(es) used to address stated aims; frameworks and/or models used to support stated outcomes, and the inclusiveness of the model(s); and the feasibility and rigor proposed to execute all aspects of the investigation. The section should provide descriptions of and justifications for study population, comparison groups, inclusion criteria for individual study volunteers, sampling and recruitment strategies at each stage, statistical approaches (if applicable), HIV-specific outcome measures, measures of potential efficacy, and project timelines.
- b. Management and Dissemination Plans (10% of total score) The management plan should address the capacity of the team to carry out the work; the environment in which the work will be done; how the project will be managed; and strategies for addressing roadblocks that may impact delivery. The dissemination plan should include details for sharing the results of the work to all relevant stakeholders.

Reviewers will comment on but not score the following:

- **Budget**: Appropriateness of the budget request for the project.
- Inclusion of Women, Minorities and Individuals Across the Lifespan: If human subjects are involved, the adequacy of plans to include subjects of all genders, all racial and ethnic groups (and subgroups) as well as individuals across the lifespan (including children and elderly individuals) as appropriate for the scientific goals of the research will be assessed.
- **Protection of Human Subjects from Research Risk**: Appropriate recognition of potential risks to human participants in the research, and appropriate plans to address those risks.

13. Diversity, Equity, and Inclusion Supplements

At the time of the first progress report, all projects with approved progress reports will be encouraged to apply for an additional \$10,000 in supplemental funds (for year 2 of funding) to promote diversity, equity, and inclusion in the pipeline of future investigators in HIV research. These supplemental funds are intended to partially support the scientific contributions of students or trainees (high school, undergraduate, graduate/clinical, post-doctoral) from sociodemographic groups that are underrepresented among health researchers, or with lived experience in a community with elevated HIV incidence in California, to the funded project. PI should consider all trainees who will promote diversity in HIV research, including trainees from diverse socioeconomic, cultural, ethnic, racial, gender, sexual orientation, ability/disability, linguistic, and geographic backgrounds who would otherwise not be adequately represented in their field, trainees who are from underserved communities, and trainees who have demonstrated commitment to diversity efforts. More details will be provided to PIs with applications that are selected for funding.

14. How to Get Help

For scientific questions regarding application preparation or guidance regarding the suitability of a proposed project, contact the Program Officer, Lisa Loeb Stanga, at <u>lisa.loeb.stanga@ucop.edu</u>.

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



This page outlines the components that comprise the full application; these are specific to the RFP entitled *"Economic Justice Interventions to Address HIV and HIV Syndemic Factors in California."* Detailed instructions will be provided at the time of LOI approval.

- 1. Lay Abstract and Scientific Abstract
- 2. Specific Aims
- 3. Research Demographics (Anticipated Study Volunteers)
- 4. Milestones and Timetable
- 5. Research Plan (Use template and upload PDF), Including NI Statement if Applicable
- 6. Project Personnel Table
- 7. Biosketches for All Key Personnel (any format is acceptable, such as NIH format)
- 8. Budget by Category
 - a. Personnel Costs
 - b. Student Tuition, Fees, and Graduate Student Stipends
 - c. Other Project Expenses
 - d. Equipment
 - e. Travel Expenses
 - f. Service Contracts and Consultants
 - g. Indirect Costs
- 9. Budget Justification
- 10. Facilities (use template)
- 11. Assurances
 - a. Human Subjects (use templates): Human subject form is required for all applications. If your research does not involve human subjects, simply check the box at the top of the appropriate form to acknowledge this.
 - b. Biohazardous Materials and/or DEA Controlled Substance Use: These forms are not required; complete them only if your proposal includes these elements.
- 12. Appendix List and Attachments (if applicable; limit 25 pages total; use template)

A. RGPO Award Pre-Funding Requirements Policy

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

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

B. Stipulations

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

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

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

Application and award confidentiality: CHRP maintains confidentiality for all submitted applications with respect to the identity of applicants and applicant organizations, all contents of every application, and the outcome of reviews. For those applications that are funded, CHRP makes public: (i) the project title, Principal Investigator(s), the name of the organization, and award amount; (ii) direct and indirect costs in CHRP's annual report, (iii) the project abstract on the CHRP website. If the Program receives a

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

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

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

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

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