

2025 Request for Funding Application (RFA)

# PURPOSE

The overarching goal of the **ACHIEVE GreatER** (Addressing Cardiometabolic Health Inequities by Early PreVEntion in the Great LakEs Region) Investigator Development Core (IDC) is to create a climate where collaborative and innovative research can thrive, leading to improved population health through sound research and implementation science. The IDC will provide opportunities for a diverse cohort of highly skilled early-stage investigators (ESI) to develop and pilot innovative research studies by efficiently leveraging existing resources of ACHIEVE GreatER. The IDC will specifically encourage ESIs from different disciplines and backgrounds to focus on chronic disease disparities to enhance workforce diversity.

The IDC will provide awardees with programmatic support, which includes IRB, statistical, and community engaged research support at no cost to them. The IDC will also match each ESI awardee with a career mentor. As this is a developmental pilot award program, awardees will be required to:

* Attend quarterly meetings to discuss their project status
* Complete implicit bias training
* Attend a 4-part didactic series on Community Engaged Research
* Attend two consultation meetings with members of the Community Engagement Core and the Cardiovascular Health Equity Action Council to discuss opportunities for community partnership

This RFA seeks proposals that will promote the research careers of the pilot project awardees to become highly competitive applicants for competitive extramural support. **Awards in the range of**

# $20,000-$40,000 are available for 12-month projects. More discrete and focused projects that can be completed in the 12-month time frame, with budgets closer to the lower end of the range

**will be viewed as more responsive to this cycle of the RFA.** Consistent with NIH requirements, all funded projects must be collaborative and investigatory in nature, and their results must be made public, available for peer review, and freely available for others to build upon.

Overall, the IDC will nurture and support transformational research on chronic disease prevention with favorable impact on population health. Proposal submissions should focus on identifying and examining methods to improve cardiometabolic health in Black communities. Proposals utilizing mixed methods approaches and those that address community-identified research priorities identified by our Cardiovascular Health Equity Action Council (see below) are highly encouraged. However, other human-based or clinical research pertaining to cardio-metabolic diseases, social determinants

of health, and/or health inequities will also be considered responsive. Projects that rely on the funded core ACHIEVE GreatER projects are not preferred. A list of currently/previously funded pilot projects can be found at https://achievegreater.wayne.edu/pilot-projects. Consultation with the Community Engagement Core (including the Cardiovascular Health Equity Action Council) during the LOI and

application development periods is available upon request (please see contact listed at the end of this RFA).

# Cardiovascular Health Equity Action Council Research Priorities

*All priorities are specific to urban, African American populations*

1. Social determinants of cardiovascular health equity
2. Environmental determinants (e.g., built environment and environmental toxins from pollution and blight) and solutions to addressing cardiovascular health
3. Strategies for disseminating education about hypertension and treatment options
4. Strategies to improve healthy food access, food resource management skills development (e.g., budgeting and time and cost-saving approaches to meal prep), and eating a heart healthy diet in populations at high-risk for hypertension and cardiovascular disease
5. Interventions to provide support to individuals with and caring for those with hypertension and cardiovascular disease
6. Effective approaches to increasing physical activity to prevent and treat hypertension

# KEY DATES

Letter of Intent Due Date – February 28, 2025 by midnight (Eastern) Invitations to submit full proposals – March 14, 2025

Application Due Date – April 30, 2025 by midnight (Eastern) Council Review Response Date – June 9, 2025

Earliest Start Date – September 1, 2025

# ELIGIBILITY

* Applicants or mentors must be faculty from Wayne State University, Henry Ford Health System, or Case Western Reserve University/University Hospitals at an Assistant Professor level at time of application. Trainees (post PhD or MD fellows) are eligible to apply with a faculty mentor.
* Applicants with current or former NIH R-grants as PI are not eligible.
* Applicants may submit only one proposal per RFA.
* Applicants (excluding mentors) may not be participants on any other project currently receiving IDC funding.
* Applicants (excluding mentors) may not be current members of the P50 grant.
* Applicants that are in the underrepresented minority (URM) group as defined by NIH (https://diversity.nih.gov/about-us/population-underrepresented) are strongly encouraged to apply.

# REQUIRED LETTER OF INTENT (LOI) COMPONENTS

Provide a one-page LOI in 11-point Arial font with narrow margins containing the following:

1. Name of applicant(s) and academic/faculty affiliation;
2. Contact information for the principal investigator (mailing address, telephone, and e- mail);
3. Names and academic/faculty affiliations of other key personnel;
4. Descriptive project title;
5. Short, logical, persuasive argument emphasizing how this project can help solve a significant problem or void in the knowledge base;
6. Description of how the project addresses cardiovascular health equity (including addressing priorities identified by the Cardiovascular Health Equity Action Council, where appropriate)
7. Amount of requested funding;
8. Project Timeline (up to 12 months);
9. (if applicable) Explanation of how the proposal has been revised based on feedback from previous submission(s).

# REQUIRED APPLICATION COMPONENTS

**If invited to submit a full proposal application**, the following components should make up the 11-point Arial font submission with narrow margins. **Applications that do not comply with these instructions may be delayed or not accepted for review.**

1. A cover page (1 page maximum) containing the following:
	1. Name of applicant(s) and academic/faculty affiliation;
	2. Contact information for the principal investigator (address, telephone, and e-mail);
	3. Project title;
	4. Proposal mentor;
	5. Contact information for the mentor (mailing address, telephone, and e-mail);
	6. Statement regarding IRB approval status and estimated date of approval;
	7. Statement addressing feedback provided on letter of intent by the review committee
	8. (if applicable) Explanation of how the proposal has been revised based on feedback from previous submission(s) to the national or regional grant programs
2. A technical proposal that does not exceed 3 single-spaced pages, including tables and figures (but excluding references and appendices), and containing the following:
	1. Statement of the problem (i.e., conceptual or practical problem addressed by the project);
	2. Specific aims and hypotheses
	3. Review of pertinent literature (i.e., literature-based evidence suggesting that the proposed project uniquely solves the problem stated);
	4. How the application, if applicable, addresses cardiovascular health equity (e.g., relevance to high-risk populations including in Detroit and/or Cleveland, addresses research priorities identified by the Cardiovascular Health Equity Action Council, includes partnership with the Cardiovascular Health Equity Action Council or other community stakeholders/groups to achieve project aims)
	5. Method (i.e., detailed description of the project approach);
	6. Anticipated outcomes (i.e., impact theory, and practice);
	7. Key personnel (including personnel management plan); and
	8. Project timeline (must not exceed 12 months).
3. A comprehensive list of references (not included in the 3-page technical proposal limit)
4. Current NIH-formatted biosketch of all key personnel (PI, co-I, mentor, etc.). Current format with instructions can be found at https://grants.nih.gov/grants/forms/biosketch.htm
5. A budget including itemized costs and their justification (not included in the 3-page technical proposal limit). A suggested budget and budget justification template are attached as an appendix to provide a convenient example format to use. Follow NIH guidelines for budgeting (including use of the current salary cap) which can be found at https://grants.nih.gov/grants/ how-to-apply-application-guide/format-and-write/develop-your-budget.htm#personnel
6. If this is a research project involving human subjects, proof of submission to local IRB (or equivalent body which reviews research proposals involving human subjects) is required. **Note: funding will not commence until proof of full approval or exemption is received.**

# SUBMISSION DEADLINE AND REVIEW PROCESS

* LOIs must be submitted as a PDF via email to IDC Administrator, LynnMarie Mango, MPH (Lmmango@med.wayne.edu).
* **LOIs must be received by due date listed in "Key Dates"** to be considered for funding. LOIs received after due date will not be considered during the current cycle.
* LOIs will be reviewed by the Scientific Advisory Committee (SAC) including members of the Cardiovascular Health Equity Action Council (CHEAC). Applicants with highly meritorious LOIs will be invited to submit a full application
* Full application of selected LOIs must be submitted as a single PDF file via email to the IDC Administrator, LynnMarie Mango, MPH (Lmmango@med.wayne.edu).
* **Full proposal applications must be received by due date listed in "Key Dates"** to be considered for funding. Proposals received after due date will not be considered for funding during the current cycle.
* Number of proposals funded per RFA cycle will depend upon the budget and quality of submissions with a typical range of 6-8.

# PROPOSAL EVALUATION CRITERIA

Proposals will be reviewed by the SAC and CHEAC and will be judged on each of the criteria listed below resulting in one of the following decisions: (1) Approved; (2) Tabled – pending clarification/ modification and re-review; and (3) Not Approved.

* + Clarity/feasibility of goals, relevance of literature, appropriateness of method, and plan for dissemination;
	+ Potential to compliment the goals of the ACHIEVE GreatER project, including addressing cardiovascular health equity and its potential to serve as a model for other initiatives;
	+ Community relevance and engagement; match to research priorities identified by the CHEAC
	+ Potential for scholarly impact; and
	+ Clear justification provided for all budgeted expenses (use of the suggested budget template is encouraged).

# FUNDING IS PROVIDED FOR:

* Investigator and other project faculty/staff salaries;
* Administrative/technical support to carry out the project
* Community partnership and engagement activities
* Supplies/expenses (e.g., duplication, mailings);
* Travel support to attend professional meetings/conferences to present results of the project; and
* Project-related travel to facilitate project collaboration.

# FUNDING IS NOT PROVIDED FOR:

* Mentor salary;
* Purchase of equipment (single item costing $5,000 or more);
* Purchase of a computer (unless the project cannot be done without it);
* Statistical support (provided by the overarching P50 grant funding);
* Institutional indirect costs
* IRB or other institutional/hospital review fees; and
* Technical or commercial development (e.g., educational software or media).

# PROGRESS AND FINAL REPORTS + PROJECT DISSEMINATION

* A report of (at least) quarterly meetings with career mentor must be submitted to IDC.
* A 6-month progress report must be submitted to the IDC. The reports should include progress to date, obstacles and solutions, dissemination activities, and a budget report.
* A final report must be submitted within 60 days of project completion date to the IDC and include copies of materials developed, dissemination activity, a budget report, and (if applicable) discussion of self-sustainability (e.g., sources and amount of continued funding).
* Projects whose principal investigators are no longer eligible (as defined above) must submit a request for approval of a new principal investigator to the IDC, with continued funding contingent on approval of the Executive Committee.
* Additionally, principal investigators must submit a request for approval for any changes to grant goals or proposed products to the IDC, with funding contingent on approval of the Executive Committee.
* Dissemination:
	+ Project PI or team member(s) must submit a proposal to present the project results at a Regional Meeting. Presentations must be approved
	+ Presentation of project progress and outcomes at annual Achieve Greater center symposium
	+ All publications, presentations and/or products resulting from this project must acknowledge the ACHIEVE GreatER project and the NIH as sponsor of the work.

# QUESTIONS

General/Submission Contact:

LynnMarie Mango, MPH (Lmmango@med.wayne.edu)

Scientific/Research Contact:

M. Safwan Badr, M.D. (sbadr@med.wayne.edu)

Peer Review Contact:

Sadeer Al-Kindi, M.D. (Sadeer.Al-Kindi@UHhospitals.org)

Financial/Grants Management Contact:

LynnMarie Mango, MPH (Lmmango@med.wayne.edu)

Community Engagement Core Contact: Elizabeth Towner, PhD (ekuhl@med.wayne.edu)

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| **DETAILED BUDGET DIRECT COSTS ONLY** | FROM | THROUGH |

List PERSONNEL *(Applicant organization only)*

Use Cal, Acad, or Summer to Enter Months Devoted to Project

Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ON PROJECT | Cal. Mnths | Acad. Mnths | Summer Mnths | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | TOTAL |
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| **SUBTOTALS** |  |  |  |
| CONSULTANT COSTS |  |
| SUPPLIES *(Itemize by category)* |  |
| TRAVEL |  |
| OTHER EXPENSES *(Itemize by category)* |  |
| CONSORTIUM/CONTRACTUAL COSTS | DIRECT COSTS |  |
| **TOTAL DIRECT COSTS FOR BUDGET PERIOD** | **$** |

**Example BUDGET JUSTIFICATION**

**PERSONNEL**

Provide the name, title and calendar month(s) of salary requested for all personnel. Briefly explain the responsibilities for each on the project.

Jane Doe, M.D., Principal Investigator (effort = 2.5 calendar months) - Dr. Doe will be responsible for the overall coordination and supervision of all aspects of the study. This includes hiring, training, and supervising staff/students; recruiting study participants; coordinating treatment and assessment components; scheduling and staff assignments; and data management. In addition, she will conduct the orientation sessions, assist with statistical analyses, and be responsible for reporting the study’s findings.

TBN, Ph.D., Co-Investigator (effort = 0.8 Academic Months, 1.0 Summer Months) - Dr. TBN will be responsible for the collection and analyses of the fecal materials. He will also assist in manuscript preparation.

**FRINGE BENFITS**

Identify the current rate for all personnel listed above.

The current fringe benefit rate of academic faculty (Doe and TBN) salaries will be 25.6% for FY22.

**CONSULTANT**

Itemize each consultant, rate per day, number of days, any additional costs such as travel, lodging, supplies, and total cost for each consultant.

In Years 1 and 2, Dr, X. Xavier from the University of Name will train 3 research assistants to administer the Adult Attachment Interview (AAI). She will periodically review interview transcripts to ensure adherence to the interview protocol over time. Dr. Xavier will assist in identifying trained AAI coders. She will provide support for this project at a rate of $400 per day for 5 days during the Years 1 and 2

**SUPPLIES**

Identify general categories, for example blood draw supplies, printing supplies, computers, software license, animal purchase and care, and any other supplies costing less than $5,000.

Home Blood Pressure Cuffs - Clinically validated for accuracy, the OMRON 10 Blood Pressure device is designed for home use. This device is equipped with wireless Bluetooth for transmitting results to a clinician. A device will be given to all 156 people consented for inclusion into the study. We have budgeted purchasing 170 devices, in case of lost or broken devices during the participation phase. At a cost of $83.61 each including tax and shipping, we have allocated $13,874 ($81.61\*170) for these devices.

**TRAVEL**

Identify and justify, naming the conference (if known) to be attended, location, dates, and attendees. Be sure to spell out all conference names (do not use acronyms or abbreviations). Federal per diem rates can be found at https://[www.gsa.gov/travel/plan-book/per-diem-rates/mie-breakdown](http://www.gsa.gov/travel/plan-book/per-diem-rates/mie-breakdown)

Travel funds are requested for the Principal Investigator to attend Academic College of Emergency Physicians conference held October 1-4, 2022 in Boston, MA.

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| --- | --- | --- | --- | --- | --- | --- |
| Lodging | Per Diem | No. of Days | Subtotal | Airfare | No. of Travelers | Total |
| $95.00 | $59.00 | 4 | $616.00 | $750 | 3 | $4,098.00 |

**OTHER EXPENSES**

Other direct costs that do not fit in categories mentioned above, may include some of the expense categories below:

Publication costs:

Postage:

Participant Remuneration:

**Consortium/Contractual Costs**

Identify and briefly describe other institutions involved in the project and total costs requested for each. Indirect costs from the subcontractor site in not allowed.

A subcontract in the amount of $12,431 will be established with East University. William Lehman, Ph.D., Co-Investigator (effort = 1.2 Calendar Months). Dr. Lehman is an Assistant Professor (Research) at the Carolina Medical Center. Dr.

Lehman, an expert in forensics, will provide guidance on collection and statistical analyses of forensics data. He will also conduct experimental aging studies. He will assist in manuscripts that are within his area of expertise.