

**Request for Applications:**

**Center for Patient, Family, and Community ENgagemenT in chRonIc Care Management (CENTRIC)**

The CENTRIC Center was approved by the Board of Regents in July 2016 and has received funding from the College of Nursing, Vice Chancellor for Research, the University of Nebraska Foundation and the Hearst Foundation. CENTRIC seeks to support innovative, significant pilot projects related to strengthening patient, family, and community engagement in management of chronic conditions. Research in any area will be considered with priority given to projects that will lead to future funding for a fully powered study (e.g., R01 level or equivalent). We anticipate funding 1 or 2 excellent projects for this announcement. Priorities for funding this announcements also are located on our website [www.unmc.edu/centric/](http://www.unmc.edu/centric/). Awards up to $40,000 for 1 year per grant will be made. Interested applicants need to communicate with one of the CETNRIC Scientific Advancement Committee co-leaders, Drs. Ann Berger (College of Nursing) or Mohammed Siahpush (College of Public Health) to discuss the project idea. Following this step, applications may be e-mailed as a PDF to Laura Robbins (laura.robbins@unmc.edu), Project Coordinator and cc’d to Drs. Berger and Siahpush. Please include the words “pilot project application” and the last name of the Principal Investigator in the subject line of the e-mail. You will receive a confirmation e-mail upon receipt. Reviewers with expertise appropriate to content will be recruited.

* The deadline for applications is 11-21-2016
* Notification for applications is 12-23-2016
* Funding will not be provided until appropriate regulatory approval is obtained.

**Criteria for Review of Applications:**

1. The PI must be a UNMC full-time faculty member. The interdisciplinary team should include members from at least two departments/colleges, one being a full-time CON faculty member as PI or Co-PI, in addition to the statistician
2. Focus on research in any area of Patient, Family, and Community Engagement in Chronic Care Management; must be highly significant topic, use of technology, and interventions desired.
3. Significance, innovation, and approach of the research proposed.
4. Potential for fully powered study (e.g. R01 or equivalent). An application is expected to be submitted within 1 year of completion.
5. Preference may be given to interdisciplinary team approaches, particularly those integrating clinical and biological measures.

**Priorities for this Funding Announcement**

1. Develop biobehavioral interventions for use in varied clinical and community settings that test the efficacy or effectiveness of self-management interventions for chronic conditions to reduce burden and disability, improve functioning and health related quality of life, strengthen patient activation and participation in health care, and prevent illness and complications.
2. Design novel interventions, technologies, and social media that assist in monitoring symptom status, promoting health behavior modifications, and accessing/imparting health information to improve health and self-management outcomes in chronic illness.
3. Incorporate research methodologies to include the use of technology to deliver interventions or monitor outcomes for self-management of chronic conditions in individuals, families and communities.

**Grant Applications should include the following:**

1. A CETNRIC Pilot Grant Face Page (see attached) including the title of the proposal, the names and roles of each investigator, total amount requested, review committees and required signatures.
2. An abstract of up to 350 words summarizing the research purpose, the background/significance, the proposed methods/approach, and the expected outcomes of the project.
3. Specific Aims page (1 page)
4. A Research Plan (6 page limit) that addresses Significance, Innovation, and Approach sections. Preliminary data are not required but are highly encouraged. Appendices will be accepted.
5. NIH Biosketch and Other Support Information for each investigator.
6. The federal *Detailed Budget for Initial Budget Period Direct Costs Only* form (see attached), and a detailed budget justification.
7. A common metric. A list of common metrics can be found at our website.

**Other Guidelines:**

1. Investigators are limited to a total of two applications, with no more than one application as PI. (One PI and one Co-PI, or two Co-PI applications, maximum)
2. Arial, black, 11 point font or larger is required, margins must be at least ½ inch on all sides.
3. Budget: Travel is allowed only for recruitment and data collection and must be clearly justified; Requests for equipment must be strongly justified, and all computer purchases must be justified in the original budget; Requests for faculty salaries are not allowed. Budgets must be signed off and submitted by the PI's department administrator/accountant. Any changes made to the budget after submission must be approved by the PI's department administrator/accountant.
4. A Data Safety Monitoring plan should be included and, where appropriate, evidence of application to appropriate regulatory bodies (e.g., IRB) should be demonstrated. Funding will not be provided until appropriate regulatory approval is obtained.
5. Extensions will go through a formal review process to determine justification based on process thus far and potential for completion.
6. A fully powered study application (e.g. R01 or equivalent) should be submitted within 1 year after end of funding.
7. Funding is for $40,000 for 1 year. A final report is due within 60 days of completion. A follow-up report will be required 1 year after the final report.

If you have any questions, please contact Ann Berger (aberger@unmc.edu), Mo Siahpush (msiahpush@unmc.edu), or Laura Robbins, Project Coordinator at laura.robbins@unmc.edu

or 402-559-6626.

**Center for Patient, Family, and Community Engagement in Chronic Care Management**

**Pilot Grant Face Page**

**Title of Proposal:**

**Principal investigator:**

College/Department: Secondary Division/Unit:

Zip: Email: Phone: Fax:

**Secondary investigators (and institutions):**

|  |  |  |
| --- | --- | --- |
| Co-Investigator | Department/College | Role & Expertise |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Total Amount Requested:**

**Please check all required Review Committees for this proposal and current status**

IRB Pending or Approval # and date

IACUC Pending or Approval # and date

Biosafety Committee Pending or Approval # and date

Pharmacy & Therapeutics Pending or Approval # and date

Radiation & Chemical Safety Pending or Approval # and date

Stem cell committee Pending or Approval # and date

Cancer Scientific Review Committee Pending or Approval # and date

Is Intellectual property involved? Yes or No

International Component/Export Control

(Does this involve sending or performing any

part of the project to or in another country?) Yes or No

Conflict of Interest Disclosure completed? Yes or No

**Principal Investigator**

* I agree that all information on the Application and Budget is true, complete, and accurate
* I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant or contract is awarded as a result of the application

Signature of Principal Investigator

Signature of Mentor (if required)

Signature of Chair or Dean

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | | | | | | | | | | FROM | | THROUGH | | |
|  | |  | | |
| PERSONNEL *(Applicant organization only)* | | | | Months Devoted to Project | | | |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | |
| NAME | | ROLE ON PROJECT | | Cal.  Mnths | Acad.  Mnths | Sum.  Mnths | | INST.BASE SALARY | SALARY REQUESTED | | FRINGE BENEFITS | | | TOTAL |
|  | | Principal Investigator | |  |  |  | |  |  | |  | | |  |
|  | |  | |  |  |  | |  |  | |  | | |  |
|  | |  | |  |  |  | |  |  | |  | | |  |
|  | |  | |  |  |  | |  |  | |  | | |  |
|  | |  | |  |  |  | |  |  | |  | | |  |
|  | |  | |  |  |  | |  |  | |  | | |  |
|  | |  | |  |  |  | |  |  | |  | | |  |
| SUBTOTALS | | | | | | | | |  | |  | | |  |
| CONSULTANT COSTS | | | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | | | |  |
| TRAVEL | | | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | |  | | | | | | | | | | |  |
| OUTPATIENT | |  | | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | | | |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | | | DIRECT COSTS | | | | | |  | |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)* | | | | | | | | | | | | | $ |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | | | FACILITIES AND ADMINISTRATIVE COSTS | | | | | |  | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | | | | | $ |  |