Engaging communities and patients can catalyze and optimize the impact of population health research for cancer prevention and control.\(^{1-3}\) This Funding Opportunity Announcement (FOA) focuses on stages in research wherein community and patient stakeholders are underutilized – data analysis and interpretation.\(^{4-5}\) The goal of these pilot projects is to support CPC members and associate members through contextualizing research findings within the lived experiences of communities and patients.

**Key takeaways:**

- Applications will enable UICC members to use COE resources for achieving Cancer Prevention and Control aims – applicants are not required to have existing partnerships with patients and communities.
- Applications can include ancillary projects that build from funded and ongoing research.
- 1-3 applications will be awarded $5-$15,000.
- Applications are brief – 1 page narrative, biosketches and budget justification.
- Applications will be reviewed quickly – 2022 projects will start February 28, 2022.

**FUNDING REQUIREMENTS**

**Responsive** applications must:

1. **Clarify alignment with the aims of the Cancer Prevention and Control (CPC) program.** *Describe your project in relation to at least one of the specific aims below.*
   - Identify and characterize multi-level determinants of cancer etiology, risk and cancer control in diverse populations.
   - Develop and implement interventions that improve outcomes, reduce disparities, and achieve cancer health equity ranging from prevention to survivorship.

2. **Justify how the proposal aligns with catchment needs and uses COE services.**
   a. **Catchment needs.** *Clarify how your project will address one of the priority cancers in collaboration with the support of patient/community stakeholders from priority populations and/or priority neighborhoods.* For more information on catchment area, please e-mail Dr. Margaret Wright and visit [here](#).
      i. priority cancers: lung, prostate, breast, colorectal, pancreas, uterus, liver, stomach and cervix.
      ii. priority populations: African Americans and Latino Americans.
      iii. priority neighborhoods: East Garfield Park, West Garfield Park, North Lawndale, Lower West Side, South Lawndale, New City, Fuller Park, Douglas, and Austin.
   b. **COE services.** *Clarify how your team will use COE services through the Community Engagement & Health Equity (CEHE) office.*
      i. **Matchmaking:** meeting patient/community stakeholders with shared interests and priorities via introductions through the CEHE office.
ii. **Data:** obtaining public data on the catchment area (e.g., community area-level cancer incidence, mortality, social determinants of health) and/or de-identified data from CEHE navigation projects on breast, cervical, or colorectal cancer (Mi-MAMO, UI CAAN Cervical, UI CAAN Colorectal, Mi-CARE, Mi-QUIT II).

iii. **Consultations:** planning with CEHE staff to incorporate community engagement and participatory methods into your project (e.g., best practices in disseminating results via community events).

3. **Highlight how patient/community stakeholders will be engaged in the proposal.**
   a. **Assets of patient/community stakeholders.** Describe patient/community stakeholders, focusing on how they are critical to the success of this proposal (e.g., organization’s mission, history, program activities; patient’s lived experience with a condition and advocacy for other patients). *If there are no identified patient/community stakeholders, please describe the ‘ideal’ stakeholder for future matchmaking through the CEHE Office.*
   b. **Involvement of patient/community stakeholders.** Describe how community/patient stakeholders will be included in the research process. Patient and community stakeholders can be introduced through the CEHE Office or be long-standing partners of CPC members. Qualitative, quantitative, and/or mixed methods designs are welcome. Engagement can be cross-sectional (e.g., interviews, focus groups, community forums) or longitudinal (e.g., establishment of an advisory board for analysis/interpretation). Below are a few relevant examples – please note this is not an exhaustive list.
      i. **Participatory data analysis.** CPC members may work with stakeholders to co-develop analytic approaches, in line with stakeholders’ lived experiences. For example, CPC members may engage stakeholders regarding secondary analyses for interventions (e.g., moderators, mediators) or policy evaluation (e.g., stratified analyses by neighborhood, subpopulation, etc.).
      ii. **Dissemination & data interpretation.** CPC members may use funds to hold community forums and events wherein they report findings (e.g., emergent themes regarding multilevel determinants of cancer etiology) and receive feedback, based on stakeholders’ lived experiences.

**FUNDING PRIORITIES**

Preference will be given to:

- Projects that showcase robust long-term plans to engage participant and community stakeholders (e.g., co-authors on future manuscripts, co-investigators or consultants for future grants).
- Projects that support trainees at UIC, especially residents from the catchment area and/or who come from underrepresented communities.
- Projects that foster intra- or inter-programmatic collaboration.

**INVESTIGATOR ELIGIBILITY**

- The PI should be full or associate member of the Cancer Prevention and Control program at UICC.
- The PI should not be a UICC Associate Director, Program Lead, or COE Liaison.

**REVIEW CRITERIA**

Ranking will be by peer review, based on novelty and scientific merit. A major criterion will be the perceived probability that the pilot project will lead to the submission of a fundable, community-driven, research grant application to NIH or another similar major funding organization. **An ideal pilot project will be designed to generate preliminary data needed before submitting a full grant application to a nationally peer**
reviewed sponsor. Other factors considered in the review will be (1) potential for sustained, active collaboration with community and/or patient stakeholders; and, (2) value of the project for the strategic priorities of UICC, COE, and participatory programs.

Reviewers are instructed to look for:

- Potential to address catchment needs
- Active planning to engage and use COE/CEHE services
- Active inclusion of community and patient stakeholders
- Potential for long-term, sustained patient/community partnerships
- Interactive projects that bridge UICC programs, disciplines, and/or expertise
- Ability to produce meaningful preliminary data for subsequent grant proposals
- Potential for findings to contribute to future COE/CEHE infrastructure and programming

This funding is meant to support the pursuit and strengthening of meaningful partnerships with non-academic stakeholders in research. Reviewers are not looking for broad multiyear projects or a condensed form of an already submitted grant.

*All applicants will receive a summary of reviewers’ comments at the end of the review process, regardless of whether they receive funding.

**Funding Limits** ~$5-15,000 will be awarded for 1-3 projects for Cancer Prevention and Control.

**Allowable** expenses include the following:

- Research supplies
- Community engagement and dissemination supplies
- UICC and RRC shared resource expenses
- Project staff salaries (including fringe benefits)
- Stipends (including fringe benefits where applicable)
- Compensation for community and patient stakeholders
- Software (prior approval required)
- Rental of space for patient/community stakeholder events (prior approval required)

**Non-Allowable** expenses include the following:

- Equipment (including computers)
- Equipment maintenance and service contracts
- Secretarial/administrative salaries
- Textbooks/course books and periodicals
- Subscriptions to periodicals
- Membership dues
- Rental of office or laboratory space for purposes other than engagement
- Recruiting and relocation expenses
- Construction, renovation, or maintenance of buildings/laboratories
- Travel

**Submission Process & Guidelines**

The full application should include a detailed description of your proposed project in a single PDF file, following the correct order and format listed below. All application components should include 0.5” margins and no smaller than Arial 11 point font.
1. **Narrative (1 page, not counting references)**
   a. Name(s) and title(s) of investigators
   b. Project title
   c. Specific Aims of Project and how they align with the aims of the CPC program and catchment needs.
   d. Proposed activities & timelines, including (1) the COE resources that will be used (see above) and (2) how patient/community stakeholders will collaborate on the project.
   e. Expected outcomes (e.g., manuscripts, grants), which will be submitted within 1 year of funding.

2. **Biosketches for key personnel (PI, Co-Is, etc.).**

3. **Budget justification**

4. **References** (35 references max).

**Application Submission Link:** [COE Application Submission Form](#)

For more information, please contact Dr. Yamile Molina – ymolin2@uic.edu.

**Post Award Guidelines**

- Once awarded the UICC finance team will work with the identified department’s post-award contact for award disbursement schedule. The Cancer Center will expect the return of any un-utilized funds.
- Acknowledgement. Products and publications as a product of this program should include an acknowledgment of Community Outreach and Engagement at the University of Illinois Cancer Center. Products and publications include: research and technical papers, preprints, conference and academic presentations, theses and dissertations, journals and books, oral histories, video and audio recordings of speeches and events, photographs, and key project documents.

**References**