The Mark Etzel Patient-Centered Medical Home Demonstration Project Research Award

2010 Application Guidelines / Instructions

Overview

For a summary of the HIV/AIDS Patient-Centered Medical Home (PCMH) CHRP award, funding caps, eligibility requirements, review criteria and other information, see the Call for Applications.

A. Award: Patient-Centered Medical Home (PCMH)

B. Type of Research: Demonstration Project

C. Maximum Award Amount for Urban County – Tier I Grants: Up to $1,200,000 total in direct costs, over a 3 year period, with a maximum award of $400,000 in direct costs per year. An additional 25% in indirect costs may be available for non-University of California institutions. See Detailed Budget, Item 7. This information is included in both the Detailed Budget sections for Single Institution applicants and Consortium applicants.

D. Maximum Award Amount for Rural County – Tier II Grants: Up to $300,000 total in direct costs, over a 3 year period, with a maximum award of $100,000 in direct costs per year. An additional 25% in indirect costs may be available for non-University of California institutions. See Detailed Budgets, Item *7.* This information is included in both the Detailed Budget sections for Single Institution applicants and Consortium applicants.

E. Duration of Award: 36 months, beginning September 1, 2010.

F. Institutional Eligibility: Nonprofit 501(c)(3) community-based organizations, academic institutions or local health jurisdictions based in California. Single Institutions or Consortiumi with an identified Lead Institution are eligible to apply. Demonstration projects funded through this initiative must exclusively serve persons with HIV/AIDS in California.

G. Intent of Award: In collaboration with researchers at the University of California at San Francisco (UCSF), conduct research that demonstrates the effectiveness of Patient-Centered Medical Homes (PCMH) for persons with HIV /AIDS in California. The research will examine cost, quality, patient satisfaction, and patient self-management related to organizations and service delivery systems.

H. Merit Review Criteria:
Reviewers will evaluate applications for:

1. Experience and capacity to collect relevant data and collaborate with researchers.
2. Documentation of meeting the eligibility requirements outlined in this Call for Applications.
3. Capacity and readiness to implement proposed activities.
4. Qualifications and experience in providing various components of a Patient-Centered Medical Home for persons with HIV/AIDS or other chronic diseases.
5. Feasibility of the proposed plan to establish and/or improve the electronic exchange of health information with other providers in an effort to increase access to services, improve health outcomes, and enhance service coordination for the HIV/AIDS population identified to be served.
6. Feasibility of the proposed capacity building plan and likely effectiveness in strengthening a Patient-Centered Medical Home for the HIV/AIDS population identified to be served.
7. Inclusion of populations most highly-impacted by HIV, particularly those with a history of health disparities and inequities in accessing HIV services and/or those with HIV/AIDS over the age of 50.
8. Extent to which the results will contribute to advancing Patient-Centered Medical Home models that can be replicated in California and how results will be disseminated.

Submission and Deadlines

Before preparing and submitting an application, a Letter of Intent must be submitted online at proposalCENTRAL and approved by CHRP. Approval of the LOI provides access to the application materials and application submission web pages on proposalCENTRAL. **Letters of Intent are due before noon Pacific Time (3:00 pm Eastern Time) on Tuesday, March 23, 2010.**

Complete applications, with the exception of the signed Signature pages, are due online at proposalCENTRAL before 12:00 NOON, Pacific Time (3:00 p.m. Eastern Time) on Friday, April 30, 2010. After the application is submitted, an automatic verification e-mail will be sent to the Applicant.

All times on the proposal **proposalCENTRAL** web site are in U.S. Eastern Time. Note: Due times at **proposalCENTRAL** are set to official U.S. time. Computers and telephones often do not display the correct time.

There is no grace period. You will not be able to submit the application after the deadline. Do not submit hard copies of the application.

A complete online application includes entry of all required elements and uploads of all required items in PDF format at **proposalCENTRAL**. Applicants are responsible for converting documents to PDF format. Do not submit PDF documents with password protection or electronic signature.

Submission of signed signature pages: Print the signature pages from **proposalCENTRAL** when the application is complete using proposal section 11 (see below). Both the face page and an application contacts page must be submitted. It is not necessary to submit abstract or budget pages along with the signed face page and application contacts page. The face page must be signed by the signing official at the Applicant's institution (Lead Institution if this is a Consortium of organizations). The signed document, including the application contacts, may be scanned, saved as a PDF document, and submitted to CHRP by e-mail chrp@ucop.edu by **5:00 pm, Pacific Time on Monday, May 10, 2010**, or received by mail by that time and date using the address below. For e-mail submissions, it is recommended to use a return-receipt function for easy verification that the e-mail was received. **No in-person delivery is permitted.**

California HIV/AIDS Research Program University of California
Office of the President
300 Lakeside Drive, 6th Floor Oakland, CA 94612-3550

Contact number: 510-987-9855

Applications without required signatures, with missing sections, which do not meet eligibility requirements, or which do not adhere to these instructions, including required formats (font size, margin size and page lengths) and use of the supplied templates, are subject to administrative rejection by CHRP without peer review. CHRP reserves the right to administratively withdraw applications for which signed signature pages are not received by the above deadline.

Applicants who have had previous awards from CHRP, the California Breast Cancer Research Program, or the Tobacco-Related Disease Research Program must have all past due fiscal and scientific reports from such awards submitted and approved or new applications are subject to administrative rejection. Any such matters must be resolved before the submission of the new application.

Applicants will be notified of the outcome of their applications by mid-July, 2010. The anticipated start date for funding is September 1, 2010.

Online Application System

All uploaded files must be in PDF format. For information on PDF conversion, see **proposalCENTRAL** FAQ and Help files. A list of web-based and software conversion utilities can be found at: http://www.neh.gov/grants/grantsgov/pdf.html

Important: Do not upload any PDF documents with password protection or electronic signatures.

Hard-copy items can be scanned to create an image file (e.g. gif, jpg) and then converted to PDF. Be sure that the scan is a high quality image.

For technical assistance with the application submission at proposalCENTRAL, a helpline is available for questions from Applicants on weekdays from 5:30 a.m. to 2:00 p.m. Pacific Time. Phone: 1-800-875-2562 or email: pcsupport@altum.com

Application Instructions

Application Contents: To gain access to the application pages and materials on proposalCENTRAL, an Applicant must first submit a Letter of Intent at proposalCENTRAL and the LOI must be approved by CHRP. Applications will be evaluated on the criteria listed above (Overview, Section H), so it is important to address those criteria in developing a proposal.

Note: Page allowances and instructions that are unique to a Lead Institution and Consortium are *italicized.*

A complete PCMH application consists of the following (maximum length in pages given where applicable):

A. Signature Pages – **proposalCENTRAL** generates Signature pages from information supplied online after the application is validated (all required items and information uploaded or entered).
B. Title Page
C. Institution or Lead Institution (if part of a Consortium) Information
D. Institution and Contacts
E. Key Personnel
F. Abstract
G. Budget Summary
H. Proposal Narrative Section and Other Attachments:
(Note for some sections of the Narrative there are different maximum page lengths for a single Institution versus a Lead Institution and Consortium.)

i. Proposal Narrative Section
- Institution or Lead Institution and Consortium Capacity – 2 pages maximum length for a single Institution. *3 pages maximum length for a Lead Institution and Consortium.*
- Capacity and Experience in Research and Data Collection – 2 pages maximum length for a single Institution. *3 pages maximum length for a Lead Institution and Consortium.*
- Current Services – 5 pages maximum length
- Research Population – 3 pages maximum length for a single Institution. *4 pages maximum length for a Lead Institution and Consortium.*
- Proposed Electronic Health Record System – 6 pages maximum length for a single Institution. 7 *pages maximum length for a Lead Institution and Consortium.*
- Proposed PCMH Model Development – 5 pages maximum length for a single Institution. 6 *pages maximum length for a Lead Institution and Consortium.*
- Dissemination Plan – 1 page maximum length
- References/Literature Cited – 2 pages maximum length

ii. Detailed Budgets. For the Budget Justification – 6 pages maximum length for a single Institution. 8 *pages maximum length for a Lead Institution and Consortium*.

iv. Biosketches. Does not count towards maximum page length.

iii. Appendices – 25 pages maximum length. Potential items include:
- MOUs or other documentation of referral agreements required for eligibility in Call for Applications. *The MOU defining the relationships in the Consortium can be a single letter signed by all Consortium members.*
- *A Consortium of organizations may also include an organizational chart outlining their specific institutional relationships and organizational structure.*
- Data collection instruments or draft consent forms.
- Supporting manuscripts or articles.
- Letters of commitment or MOUs from consultants or collaborators.
- Letters of support (three maximum).
- Existing IRBs for involvement of human subjects in HIV-related studies.
- Most recent audited financial statement for a single Institution or the Lead Institution of a Consortium. Does not count towards maximum length limitation in Appendices.

Section Explanations: The following numbered explanations correspond to the numbered Proposal Sections seen in the left hand column of the application page at the **proposalCENTRAL** web site. This page appears when "Edit" is selected under the Manage Proposals tab. Sections 1, 3, 4, 5, 6, 7, and 8, require online entry of information. Section 1 (Title Page) must be completed first. Section 3 allows you to designate others to have access to your application. Section 9 requires multiple uploads of PDF documents. All parts of the application can be edited before submission. After Section 1, the remaining sections listed above can be completed in any order, and do not need to be completed in one session. Section 2 provides the templates and additional instructions needed to complete Section 9 (the same files are also available within Section 9). The document you are now reading is always available from the application page by selecting "Program Guidelines" from the lower left of the page.

1. Title Page (complete online): The project title may not exceed 60 characters and may not include quotation marks. After entering the requested information, Save, and select "Next" to continue.

2. Download Templates and Instructions. These are necessary to complete Section 9 (see below). The same documents are also available from within Section 9. You must use the templates that are provided.

3. Enable Other Users to Access This Proposal. Here you can provide access to your application to other parties. You can designate that a given party have "view only" access, if desired

4. Applicant. Most of these fields populate automatically with data from your Personal Profile. When you submitted your LOI you identified an individual as the 'Applicant'. For purposes of this application, the Applicant is also considered the Project Director or PD.

State whether you have had any prior business with CHRP such as a grantee or a participant on our Advisory Council (formerly known as Task Force) or any committee. If you used a different name at that time, please specify.

5. Institution and Contacts (complete online): Include key information for the Signing Official and the Fiscal Contact. Do not use generic e-mail addresses (e.g. contractsandgrants@medfield.edu). Note: If you are a single Institution or a Lead Institution and a Consortium, the software for this section of the online application will label you both as a 'Lead Institution'. For the remainder of the application, please revert back to 'Institution' and 'Lead Institution'.

6. Key Personnel (complete online): Key Personnel are defined as individuals who contribute to the development or execution of the project in a substantive, measurable way, whether or not salaries are requested.

7. Abstract (complete online): Provide a brief description of the proposed project's goals and objectives, making reference to the potential impact and/or significance to HIV/AIDS in California. Describe concisely the proposed demonstration project. The abstract is designed for publication and distribution to audiences who are less familiar with scientific matters. The abstract is limited to 3,500 characters, including spaces.

Because the abstracts are entered into text boxes, italics and special characters, such as Greek letters, superscripts, or subscripts, are not permitted.

On the *Research Area List* at the bottom of the page select "#17 Health Services" from the drop down menu and click "Add".

8. Budget Summary (complete online): Provide summary budget information for each project period. The maximum term for the project is 3 years. For a three-year award, Period 1 will be 09/01/2010 to 08/31/2011, Period 2 will be 09/01/2011 to 08/31/2012, and Period 3 will be 09/01/2012 to 08/31/2013. Include any equipment costs under "Supplies and Expenses".

For Urban County - Tier I Grants the maximum award for direct costs for any single project period is $400,000. For Rural County – Tier II Grants the maximum award for direct costs for any single project period is $100,000.

University of California institutions are not eligible for indirect costs. Non-UC institutions are eligible for indirect costs of up to 25% of eligible direct costs. Be sure that the amounts are the appropriate sums of those entered in the Detailed Budgets (Section 10)

9. Upload Narrative Section and Other Attachments. This section requires multiple PDF uploads as outlined below. The required items can be uploaded in any order, and do not need to be uploaded in a single session. For each template that is provided, you must fill out the document header. You must use the templates that are provided. *The minimum font size is 11 point, (8 point for figures and graphics). The minimum margin size is 1/2 inch. There is no required font style, but Times New Roman or Arial are recommended.*

Proposal Narrative (This template is provided in Proposal Section 2: "Download Templates & Instructions" and Proposal Section 9: "Upload Proposal Narrative & Other Attachments" sections of the application on proposalCENTRAL – upload as a single PDF). The Proposal Narrative includes:

- Institution or Lead Institution and Consortium Capacity – 2 pages maximum length for a single Institution. *3 pages maximum length for a Lead Institution and Consortium.*
- Capacity and Experience in Research and Data Collection – 2 pages maximum length for a single Institution. *3 pages maximum length for a Lead Institution and Consortium.*
- Current Services – 5 pages maximum length
- Research Population– 3 pages maximum length for a single Institution. *4 pages maximum length for a Lead Institution and Consortium.*
- Proposed Electronic Health Record System – 6 pages maximum length for a single Institution. *7 pages maximum length for a Lead Institution and Consortium.*
- Proposed PCMH Model Development – 5 pages maximum length for a single Institution. *6 pages maximum length for a Lead Institution and Consortium.*
- Dissemination Plan – 1 page maximum length
- References/Literature Cited – 2 pages maximum length

Combine all sub-sections, in the above order, into a single file with each sub-section starting on a new page. Page formats and limitations for each section must be strictly observed. Number the pages (bottom center) starting from 1.

PROPOSAL NARRATIVE SECTION

CAPACITY (15% Scoring Weight)

Institution or Lead Institution and Consortium Capacity: Provide a brief overview of the Institution's or Lead Institution's history, mission, and services.

If the Lead Institution is submitting on behalf of a consortium, provide a list of the other consortium members, a brief summary of each member's services and a brief history of the consortium and how it is structured. For a consortium, submit Memorandum of Understandings signed by all of the consortium members that defines the consortium relationships in the Appendices. The Memoranda of Understanding (MOU) can be a single letter signed by all Consortium members.

Provide evidence of the ability and appropriateness of the Institution or Lead Institution to administer the award and its readiness to implement the demonstration project. Address organizational stability and sustainability, including issues such as a reserve budget, consistency of leadership, and significant anticipated changes that may impact the stability of the Institution or Lead Institution, such as a major consolidation or purchasing a building. Describe the Institution or Lead Institution's experience with grant management and ability to deliver services in a culturally competent manner. Submit the Institution's or Lead Institution's most recent audited financial statement in the Appendices.

Capacity and Experience in Research and Data Collection: Describe prior experience, if any, of the Institution or Lead Institution and other consortium members participating in a research or demonstration project. As part of this description, indicate whether proposed project personnel were involved in the design, implementation, or analyses of the prior research. If there are personnel with expertise and experience that could contribute to evaluation efforts, be sure to include them in Key Personnel (#6 above) and provide Biographical Sketches (see page 8).

Also, in this section, describe current capacity to collect research data. In particular, specify if data related to HIV care are currently collected; what software is used to record these data; and whether the data includes outcome indicators such as quality of care, cost effectiveness, patient satisfaction, and patient self-management.

CURRENT SERVICES (10% Scoring Weight)

Describe the services that the Institution and/or the Lead Institution and Consortium currently provides for clients with HIV/AIDS that are planned to be included in this research project, with a particular focus on the required services delineated in the Call for Applications under Eligibility Requirements, Sections B and C. For each service provided by the Institution or the Lead Institution and Consortium, briefly describe each service, personnel that provide the service, capacity to deliver the service, and hours available. For services delineated in the Call for Applications under Eligibility Requirements, Sections C and D not provided directly by the Institution or Lead Institution and Consortium, submit MOUs or other documentation of referral agreements in the Appendices. Describe additional HIV services that are delivered within the service area that the Institution or Lead Institution and Consortium may not have a MOU or referral agreement with.

Describe how the Institution or Lead Institution and Consortium are currently providing components of PCMH for persons with HIV/AIDS and/or other populations with other chronic diseases. Refer to the examples of components listed in the Call for Applications (Eligibility Requirements, Section F) and/or reference other components common to PCMH that you have identified.

Describe significant barriers in the service delivery model to accessing, delivering, and/or coordinating care and prevention for the populations proposed to be included in the demonstration project that could be addressed through a PCMH model. How could a PCMH model address those barriers?

Describe the Institution's and/or Lead Institution and Consortium's role in public and private planning processes related to HIV/AIDS and other health and support services planning.

RESEARCH POPULATION (10% Scoring Weight)

Provide the number of unduplicated clients with HIV/AIDS currently served by the Institution and/or Lead Institution and Consortium that are planned to be included in the demonstration project. Refer to the Call for Applications for a description of eligible populations. Provide their demographic information, including, gender, age, race/ethnicity, and transmission category and the reasons they qualify as an eligible population for this call. Provide actual numbers or estimates of how many of these clients are receiving services by service category. This could be provided by the use of a grid that lists this data for the

Institution or Lead Institution and Consortium members. *The Lead Institution/Consortium can combine data by service category*. Use the most recent 12-month reporting period for which this data is available.

Describe unmet health, wellness, prevention, and client retention needs for the population proposed to be served by the demonstration project. In what ways would a PCMH model serve to meet the unmet needs for this population?

WORKPLANS (50% Scoring Weight)

Important Notes for This Section:

1. The Scoring Weight for the Workplan Section is 50% regardless of whether the applicant is only submitting a workplan for a *Proposed Electronic Health Record System* or is submitting a workplan for a *Proposed Electronic Health Record System* and a workplan for the *Proposed PCMH Model Development*.

2. There is no predetermined amount of requested funding that is expected for the *Proposed Electronic Health Record System* or an established ratio of funding between the *Proposed Electronic Health Record System* and the *Proposed PCMH Model Development*. For example, the applicant could request $500,000 in funds for the *Proposed Electronic Health Record System* and $300,000 in funds for the *Proposed PCMH Model Development*, or the requested funding amounts could be reversed.

3. The applicant is required to submit a workplan for a *Proposed Electronic Health Record System* that fulfills the following requirements. By the end of the first grant period, grantees are required to implement strategies that establish and/or improve the electronic exchange of information. If applying as a single Institution the strategies must establish or improve the electronic exchange of information with other providers. If applying as a Consortium the strategies must establish or improve the electronic exchange of information with other Consortium members and with other providers. In both cases, the strategies should result in increasing access to services, improving health outcomes, enhancing patient safety, and supporting coordination for the populations planned to be included in the demonstration project.

Proposed Electronic Health Record System:

1. Describe the secure Electronic Health Record System (EHR) that is currently in use by the Institution, or in the case of a Lead Institution and Consortium, by at least one of the Consortium members providing outpatient care. How is the existing EHR used to improve health outcomes, enhance patient safety, increase access to services, and support the coordination of services?

2. For the proposed use of funds, develop a workplan that includes all EHR-related activities. In addition to fulfilling the requirement outlined above in *Important Notes for this Section: #3*, the applicant may apply for funds to enhance their current EHR, replace their current EHR with a new EHR, and/or support other EHR-related activities that further the purpose of the PCMH.

   The workplan should provide a clear and concise description of the activities that the single Institution or Lead Institution and Consortium are proposing and how these activities will benefit the clients that are planned to be included in the demonstration project. Include in the workplan the strategies that you will implement to establish or improve the electronic exchange of information with other providers by the end of the first grant period (see Note #3 above).

   In the workplan specify goals, objectives, key action steps, and evaluation methods for the entire project period, including completion dates for the objectives and action steps. Describe how this will be managed and organized and which participating organizations and staff will be responsible for objectives and key action steps. Identify any anticipated challenges and plans to address them.

   If the applicant is proposing to implement a new EHR system, provide the rationale and process that will be used to decide which EHR will be selected.

3. Provide the following additional information:
   - Describe what other funding sources, if any, which will be used to enhance or newly implement the EHR system.
   - If applicable, describe the protocols that will be established and implemented for patient information sharing and referrals among providers (such as paper and fax machines) to fill any gaps until an operational EHR is fully established.
   - Describe how the process and findings of this project could serve as a useful model that could be replicated by HIV/AIDS providers in California.

Proposed PCMH Model Development:

Provide a clear and concise description of the model development (capacity building) activities that the Institution or Lead Institution and Consortium are proposing that will further develop the PCMH model and its components and how this will benefit the clients that are planned to be included in the demonstration project. Specify goals, objectives, key action steps, and evaluation methods for the entire 36-month grant period that will further develop the PCMH model, including completion dates for objectives and key action steps. Describe how this will be managed and organized and which participating organizations and staff will be responsible for objectives and key action steps. Identify any anticipated challenges and plans to address them.

What other funding sources, if any, will be used to develop the PCMH model?

Describe how the resulting PCMH model could be replicated by HIV/AIDS providers in California.

Note: Grant funds cannot be used to provide patient care or prevention.

DISSEMINATION PLAN (5% Scoring Weight)

Describe plans for dissemination of findings through print or online publications, creation and dissemination of training materials, and presentation of findings to local planning bodies and at meetings and conferences.

REFERENCES (Not Scored)

***References/Literature Cited*:** Include complete titles for each citation.

OTHER ATTACHMENTS

DETAILED BUDGETS (10% Scoring Weight)

Note: There are separate templates and application directions for a *Single Institution* and a *Lead Institution and Consortium*. These templates are provided in Section 2: "Download Templates & Instructions" or Section 9: "Upload Proposal Narrative & Other Attachments" sections of the application on proposalCENTRAL.

- Single Institution applicants use the following template and upload as a PDF: "Key Personnel and Budget Justification Template – Single Institution Budget"
- *Lead Institution and Consortium applicants use the following template and upload as a PDF:* "Key Personnel and Budget Justification Template – Consortium Budget."

Directions for Completing the Template "Detailed Budget: Single Institution"

Item 1, Personnel: Enter total personnel costs for each grant period for the Institution. Do not list subcontractors here. Additional rows may be added to the tables provided in the downloaded template. Award funds may not be used to increase or supplement total approved compensation beyond 100% full-time equivalent.

Item 2, Consultant/Contractual Costs: Enter direct costs and explain in the Budget Justification. Do not include any indirect costs here. Provide amounts for subcategories in the Budget Justification, if applicable. If indirect costs are requested for a non-U.C. institution issuing a subcontract, or for a non-U.C. institution receiving a subcontract, follow the rules in "Item 7". Include subcontract personnel or service costs here, and clarify in the budget justification including names and affiliations of key subcontract personnel or services. Do not include subcontract personnel costs in the key personnel tables.

Item 3, Supplies and Expenses: Provide the total cost of supplies and expenses, including equipment. Equipment is defined as non-expendable, tangible property that is free standing and has a normal life expectancy of one year or more. Special permission must be obtained from CHRP to purchase equipment that costs more than $5,000 per item. The cost of equipment purchases of $5,000 or more per item must be subtracted from the direct costs before calculating indirect costs for non-U.C. institutions (see item 6 below).

Item 4, Data Entry and Analysis: We require that 30% of the total direct costs are budgeted for data collection and analysis. These costs include collaborating with UCSF on twice annual collection of patient and provider surveys and key informant interviews. These funds may also be used to support costs related to analyzing your own data to improve services and produce findings for dissemination. If you are awarded funding, the actual amount used for these purposes will be determined during contract negotiations. If the full 30% of funds that are reserved for data collection and analysis are not needed, CHRP will consider redirecting those funds to further support electronic health record system and capacity building activities by the Institution. Enter the 30% of total direct costs for data collection and analysis in this section.

Item 5a and 5b, Project-Related Travel For Collaborative Meetings and Conferences: For 5a, budget for travel for three staff to attend two meetings per project year in Oakland for collaborative meetings with other projects and UCSF. One meeting each project year will be scheduled for two days and the other for one day. Over the course of the three project years (09/2010-08/2013), budget for three two-day meetings and three one-day meetings. For those traveling from out of the area, budget for a one night hotel stay for each of the two-day meetings.

In Item 5b you may also include in the budget travel to disseminate findings for last two project years (09/2011-08/2012 and 09/2012-08/2013) at conferences and other meetings. Elaborate on each item in the Budget Justification. Describe the nature and purpose of project-related travel, and provide specific meeting information for travel. For single Institution applicants, the maximum allowed for travel to disseminate findings is $2,000/year.

Item 7, Indirect Costs: University of California institutions are not eligible for indirect costs. Non-UC institutions are eligible for indirect costs up to 25% of total eligible direct costs, or at the rate established for the institution through a U.S. Department of Health and Human Services (DHHS) negotiated indirect cost rate agreement (or other similarly established rate), whichever is lower. Indirect costs should be calculated at the lower rate and shown on the budget. All direct costs at non-U.C. institutions are eligible, except for equipment purchases more than $5,000 per item. The cost of equipment purchases more than $5,000 per item must be subtracted from the direct costs before calculating indirect costs for non-U.C. institutions. Prior approval from CHRP must be obtained for equipment purchases of more than $5,000 per item. If indirect costs are requested for a non-U.C. subcontracting organization, or by a non-U.C. institution issuing a subcontract, follow the rules under Consultant and Contractual Costs (above), include indirect costs here, and explain in the budget justification.

Documentation of an institution's DHHS indirect rate agreement or alternate rate agreement must be submitted upon request if an award is offered to a non-U.C. institution, or if a subcontract to a non-U.C. institution is proposed.

Budget Justification: Provide a detailed narrative explanation where appropriate for each line in the budget. Specify how each item will support the *Proposed Electronic Health Record System* and/or the *Proposed PCMH Model Development* workplans and the dissemination plan. Include additional budget justification information required in *Items 2 and 7. A reminder: funds awarded cannot be used for direct patient care or prevention.* Limit the Budget Justification to six pages.

Directions for Completing the Template "Detailed Budget: Consortiums"

***Item 1, Personnel*:** Combine the Personnel Costs for all consortium members for each grant period. Enter each Consortium members' personnel costs in the *PERSONNEL BUDGET by year* in the tables provided in the downloaded template. Additional rows may be added to the tables. Do not list any consultant/contractual costs here. Award funds may not be used to increase or supplement total approved compensation beyond 100% full-time equivalent.

Item 2, Consultant/Contract Costs: Enter direct costs and explain the need for contractual arrangements and clarify consultant/contractual costs including amounts for subcategories, if applicable, in the Budget Narrative. Combine the Consultant/Contract Costs for all consortium members. Do not include any indirect costs here.

Item 3, Supplies and Expenses: Provide the total costs for supplies and expenses. Combine the Supplies and Expenses Costs for all consortium members. Explain the need for supplies and expenses, itemize in major categories and provide costs. Equipment is included in Supplies and Expenses. Equipment that costs more than $5,000 per item must have prior approval by CHRP before purchase. Equipment that costs more than $5,000 per item cannot be included in the direct costs used to calculate the indirect cost amount for a non-U.C. institution.

Item 4, Data Entry and Analysis: We require that 30% of the total direct costs are budgeted for data collection and analysis. These costs include collaborating with UCSF on twice annual collection of patient and provider surveys and key informant interviews. These funds may also be used to support costs related to analyzing your own data to improve services and produce findings for dissemination. If you are awarded funding, the actual amount used for these purposes will be determined during contract negotiations. If the full 30% of funds that are reserved for data collection and analysis are not needed, CHRP will consider redirecting those funds to further support electronic health record system and capacity building activities by the Consortium. Enter the 30% of total direct costs for data collection and analysis in this section.

Item 5a and 5b, Project-Related Travel For Collaborative Meetings and Conferences: For 5a, budget for travel for five staff to attend two meetings per project year in Oakland for collaborative meetings with other projects and UCSF. One meeting each project year will be scheduled for two days and the other for one day. Over the course of the three project years (09/2010-08/2013), budget for three two-day meetings and three one-day meetings. For those traveling from out of the area, budget for a one night hotel stay for each of the two-day meetings. Combine the travel costs for all consortium members.

In Item 5b you may also include in the budget travel to disseminate findings for last two project years (09/2011-08/2012 and 09/2012-08/2013) at conferences and other meetings. Elaborate on each item in the Budget Justification. Describe the nature

and purpose of project-related travel, and provide specific meeting information for travel. For single Institution applicants, the maximum allowed for travel to disseminate findings is $3,000/year. Combine the travel costs for all consortium members.

Item 7, Indirect Costs: University of California institutions are not eligible for indirect costs. Non-UC consortium members are eligible for indirect costs up to 25% of total eligible direct costs, or at the rate established for the institution through a U.S. Department of Health and Human Services (DHHS) negotiated indirect cost rate agreement (or other similarly established rate), whichever is lower. Indirect costs should be calculated at the lower rate and shown on the budget. All direct costs at non-U.C. consortium members are eligible, except for equipment purchases more than $5,000 per item. The cost of equipment purchases more than $5,000 per item must be subtracted from the direct costs before calculating indirect costs for non-U.C. consortium members. Prior approval from CHRP must be obtained for equipment purchases of more than $5,000 per item. If indirect costs are requested for a non-U.C. consortium member, or by a non-U.C. consortium member issuing a subcontract include indirect costs here, and explain in the budget justification.

Documentation of a consortium member's DHHS indirect rate agreement or alternate rate agreement must be submitted upon request if an award is offered to a non-U.C. consortium member, or if a subcontract to a non-U.C. institution is proposed.

Additional Instructions: *For a Lead Institution and Consortium, use the table included in the downloaded template to identify what percentage of direct costs will allocated to individual Consortium members.*

Budget Justification: Provide a detailed narrative explanation where appropriate for each line in the budget. Specify how each item will support the *Proposed Electronic Health Record System* and/or the *Proposed PCMH Model Development* workplans and the dissemination plan. Include additional budget justification information required in *Items 2 and 7. A reminder: funds awarded cannot be used for direct patient care or prevention. L*imit the Budget Justification to eight pages.

BIOSKETCH OF PROJECT DIRECTOR AND KEY PERSONNEL

A template (Biosketch) is provided for submitting biographical sketches in Proposal Section 2: "Download Templates & Instructions" and Proposal Section 9: "Upload Proposal Narrative & Other Attachments" sections of the application on proposalCENTRAL. Upload as a PDF. Limit to one page per person. The biographical sketches do <u>not</u> count towards a maximum page length.

APPENDICES

25 pages maximum length. Upload all appendices as PDF files. Potential items include:

- MOUs or other documentation of referral agreements required for eligibility in Call for Applications. *The MOU defining the relationships in the Consortium can be a single letter signed by all Consortium members.*
- *A Consortium of organizations may also include an organizational chart outlining their specific institutional relationships and organizational structure.*
- Data collection instruments or draft consent forms.
- Supporting manuscripts or articles.
- Letters of commitment or MOUs from consultants or collaborators.
- Letters of support (three maximum).
- Existing IRBs for involvement of human subjects in HIV-related studies.
- Most recent audited financial statement for a single Institution or the Lead Institution of a Consortium. <u>Does not count towards maximum length limitation in Appendices.</u>

10. Validate. The website will run an automatic checklist for all required items, including the uploads, listed as required in Section 10. Any missing required items will be listed, and if there are no missing required items you will be invited to proceed.

11. Print Face Page(s) When Application Complete. This procedure generates signature pages (including application contacts) and allows the application to be combined into one PDF document. Click on "Print Signature Pages". This generates a PDF file with the signature page, the applications contacts page, abstracts, and budget. It is only necessary to submit the signed signature page and the application contacts page to CHRP. For instructions on the submission of the signature pages, see "Submission and Deadlines" on page 2 of these instructions.

12. Submit. You must submit before 12:00 noon Pacific Time (3 p.m. Eastern Time) on April 30, 2010. Submit the signed signature pages according to the "Submission and Deadlines" section of this document.

Pre-Award Requirements

Human Subjects:

Approvals for human research subjects are not required at the time of application.

If an award is offered by CHRP, you must obtain such approvals before initiating work with human subjects, and must submit documentation of IRB approval if such documentation is requested by CHRP. Submission of IRB protocols will occur during the first six months of funding, after study design and measures are finalized in collaboration with UCSF investigators. Funded sites may obtain human subjects review from their own existing IRB, may form a new IRB for purposes of this and future studies, or, in collaboration with UCSF investigators, may have materials reviewed by the UCSF IRB.

Upon request, awardees must supply the following information or documents:

1. Documentation of 501(c)(3) non-profit organization status.
2. Documentation of the DHHS-negotiated (or equivalent) indirect cost rate for non-U.C. institutions.
3. Detailed budgets and justifications for any subcontracts.
4. The budget for data collection and analysis will be developed collaboratively with UCSF after the specifics of the research design are determined. If the full 30% of funds that are reserved for data collection and analysis are not needed, CHRP will consider redirecting those funds to further support the development of electronic health record systems and/or PCMH model development.
5. The most recent Ryan White HIV/AIDS Program Annual Data Report.
6. Resolution of any scientific overlap issues with other grants or pending applications.
7. Resolution of any Study Section recommendations. The Study Section constitutes the review team for the application.

Contact Information

Technical Support for proposalCENTRAL

800-875-2562, weekdays from 5:30 a.m. to 2:00 p.m. Pacific Time
pcsupport@altum.com

To obtain guidance or direction on the suitability of a proposed project for this funding opportunity, contact:

John Mortimer, PhD
Program Officer
510/587-6131
John.mortimer@ucop.edu

For questions regarding CHRP application procedures, instructions, and budget requirements, contact:

Peter Agron, Ph.D.
Program Manager
510/987-9858
Peter.agron@ucop.edu

[i] A 'consortium' could also be a network or a collaboration of providers services for persons with HIV/AIDS. A key function of a consortium is to engage in ongoing joint planning resulting in coordinated service delivery.