



QUESTIONS/ANSWERS FROM TELECONFERENCE FOR PROSPECTIVE PEP APPLICANTS – 6/7/05

Definition/Types of Eligible Partnerships

Q1. Can you provide examples of partnerships that might serve as models for PEP

A. We are reluctant to provide specific examples, but Prevention Research Centers which are funded by the Center for Disease Control may be illustrative. They have local partnerships that involve universities/community based partnerships. Equitable decision making exists and they address disparities in community health. For more information on Prevention Research Partnerships, log onto www.cdc.gov/prc.

Q2. Are there any criteria/restrictions for bringing new partnerships into existing criteria?

A. There are no restrictions; however, it is essential that most partnership members have worked together for 3 years. A few new partners are welcome to join the partnership and if a partnership is not already engaged in cancer work, it should consider adding a new partner(s) with an established track record in the cancer arena.

Q3. Is it possible for a single organization to be included as a partner on one or more grants application?

A. It is permissible for a single organization to be included as a partner on more than one grant application for the PEP, assuming that

- 1) the majority of organizations in each partnership has been working together for at least three years; and
- 2) the single organization has been or will be involved in the partnership (see Q2)

Q4. Are cancer cooperative groups eligible to apply?

A. On the surface, cooperative groups, as consortia of oncologists and health care institutions, do not meet our eligibility criteria as outlined on page 6 of the Application Guide. They may qualify, however, if they have partnered with groups which meet these criteria. See also Q 21.

Q5. How do applicants demonstrate cohesive partnerships? Does it need to be a formal partnership?

A. It does not have to be a formal partnership, but the applicant needs to document an established, working, collaborative relationship for at least 3 years (i.e. bylaws, brochures/flyers, news articles). There is no need to attach copies of bylaws or fliers in the Letter of Intent, rather simply reference the items which are available.

Definition/Types of Eligible Partnerships (continued)

Q6. What if the applicant has a current grant which focuses solely on the need of cancer patients? Can volunteers from that organization be used as part of the partnership?

A. Yes, as long as most of the organizations have worked collaboratively for three years.

Q7. What if the applicant is not a 501(c)(3) organization?

A. They may not apply. One of the partners with that status can apply as a fiscal agent on behalf of the partnership.

Q8. What is the role of a Principal Investigator?

A. The term “Principal Investigator” is used for research projects; ENACCT PEP is a demonstration project. The main focus for this Application is to demonstrate capacity and an established partnership/collaboration. There will not be a lead organization, or any one leader such as a Principal Investigator, because all parties within the partnership must be equal participants. However, applicants should discuss their management approach in the first 4 questions on the top of page 13.

Q9. How do applicants describe future desired growth for partnerships?

A. Sections 1 and 2 of the application should provide an overview of the organization as it currently stands. The illustration of the partnership should indicate both present and proposed structure. In section 3 questions 3, 4, and 5 applicants can discuss the future organizational structure.

Q10. What kind of information is desired regarding decision-making processes used by partnerships?

A. It is important for applicants to show how the partnership functions and that equity in decision-making processes exist. It is not important that partnerships be formalized structures.

Definition of Community

Q11. Is there a criterion for the size of a community? Does it need to be geographically based?

A. No. It is important that applicants adequately define its community, noting the definition on the bottom of page 13. Clinical trial “density” will also be reviewed, meaning the availability of phase 3 clinical trials in the applicant’s area.

Definition of Community (continued)

- Q12. Is it permissible to define community as work with only one ethnic group?**
- A. Yes, as long as people within that group are adequately defined as a community, noting the definition on the bottom of page 13. (*Ex: African Americans who do not have health insurance in Orange County*).
- Q13. In reference to Question 9 on page 14, what is the desired information regarding cancer care in your community – naming areas in your community that list cancer trials?**
- A. The focus should be the availability of **cancer care** in your area. If someone is diagnosed with cancer in your community, the applicant needs to indicate the most common locations for treatment. For example, a list of local oncology practices might be referenced.

Funding/Indirect Costs

- Q14. How will indirect costs be covered and will they come out of the \$150,000/year grant?**
- A. Caps of roughly 10-12% will be applied to indirect costs, but this issue has to be finalized and approved by the Board. This percentage will come out of the yearly grant of \$150,000. However all training, travel to group meetings and evaluation services will be covered by ENACCT
- Q15. Does ENACCT provide funding for people who are uninsured or whose insurance will not cover their participation in clinical trials?**
- A. No, this program is about clinical trials education efforts only. However, it is evident that the high costs often associated with clinical trials are a barrier for many potential participants.
- Q16. The funding will be for which year? Will this be recurring for future years?**
- A. First year funding will be granted in January 2006. Currently the funding is not recurring past the three year allocation; however, ENACCT has discussed potential co-funding opportunities with other organizations.
- Q17. In terms of program goals/objectives, can a portion of the grant funds be spent on establishing a Community Based Participatory Research program?**
- A. Yes. The only requirement regarding the expenditures is that one full-time staff person is hired. The manner in which the remainder of the grant is used is up to the discretion of the partnership.
- Q18. If partnerships have already received grants from National Institutes of Health or the Center for Disease Control, do they need to disclose that information? Could it be seen as a negative factor?**
- A. An applicant can discuss additional funding in question 2, page 13; however, it is not a requirement. If disclosed, it will be of neutral value.

Responsibilities of the Grant Recipient

Q19. Are there any guidelines for how to implement the PEP over the 3 year period?

A. Responsibilities of the grant recipient are listed on page 10 of the Letter of Intent. However, the manner in which core activities will be implemented will vary based on site. For example, training for one site might be “one-on-one,” another could be church based, and still another could be a town hall meeting.

Q20. What are the responsibilities of grant recipients regarding national evaluation?

A. We are currently working with a national evaluator to look at common data elements across all 3 partnerships and a national logic model. All partnerships will work with the national evaluator to develop their own logic model and desired outcomes. These services will be provided by ENACCT, and are of no cost to the partnership. Evaluation assistance will vary, as some partnerships will require limited evaluation assistance for data management, while other partnerships might need assistance with developing key aspects of an evaluation plan.

Q21. Can CDC state funded partnerships apply?

A. Yes; however, state based cancer groups must provide a clearly well-defined view of “community.” It is unlikely an entire state can be so defined.

General Questions

Q22. How is the phrase “people who are affected by cancer” defined? Does it include cancer patients who are considering participation in both treatment and prevention trials?

A. Yes, it includes both patients who are considering participation both in treatment and prevention trials, although educational focus will be on treatment trials. Partnerships must show previous work with family members/cancer survivors, as well as those who are at high risk for being diagnosed with cancer.

Q23. There are 2 additional teleconferences for prospective applicants. Will they cover the same content as today’s call?

A. Yes. Frequently asked questions will be posted on the website within a few days after each call.

Q24. Should applicants list accrual numbers for current local cancer trials?

A. No. Accrual is not the main focus of our efforts; rather it is the availability of cancer trials.

Q25. What is the timeline for the full proposal?

A. The timeline for full proposal is listed on page 8 of the Letter of Intent.

Q26. How many organizations will be invited to submit an RFP?

A. That number is not known at this time, since there is no knowledge of how many applicants there will be.