



Winthrop P. Rockefeller  
Cancer Institute

## Winthrop P. Rockefeller Cancer Institute Rural Research Award

Letters of Intent due: 5:00pm, Friday, April 30, 2021

The Winthrop P. Rockefeller Cancer Institute invites applications for its new Rural Research Award Program (RRAP). RRAP supports research that is cancer-focused and strives to address a healthcare problem in rural Arkansas populations. Funding will support investigators or teams of investigators seeking to collect data for competitive NCI/NIH R01 grant submissions. Priority will be given to projects that focus on prostate, colon, breast, and/or lung cancer; cancer patient outcomes; cancer screening and prevention; and/or cancer health disparities. Awarded research will be conducted in partnership with the UAMS Rural Research Network.

### UAMS Rural Research Network

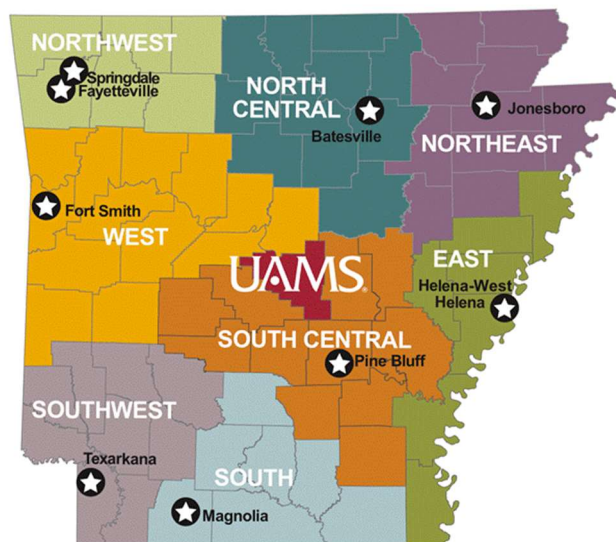
The UAMS Rural Research Network was established in January 2020 to leverage the existing clinical and educational infrastructure of UAMS Regional Programs for research and help ensure that Arkansas' rural populations are included in health research. The network comprises UAMS' eight Regional Campuses across the state and is supported by an intra-institutional partnership. Its partners are UAMS Community Health & Research, Translational Research Institute, Regional Programs, and Winthrop P. Rockefeller Cancer Institute.

The Rural Research Network is a response to the stark health disparities for rural populations. Forty-two percent of Arkansans live in rural areas compared to just 15% for the United States. Rural Americans are more likely to die from five leading causes of death than urban Americans, with many deaths preventable for heart disease, cancer, unintentional injuries, chronic lower respiratory disease and stroke. The problems of poverty and health care inequity are particularly concentrated in rural, minority populations.

The Rural Research Network provides a platform to expand research participation opportunities to rural residents many of whom are older adults and underrepresented minority populations.

### Rural Research Network Study Sites

UAMS Regional Programs is comprised of eight community clinical centers broadly dispersed throughout rural Arkansas (previously known as the Area Health Education Centers [AHECs]). The Centers serve as the study sites for the Rural Research Network. Each site is different, offering a variety of opportunities, resources and access to special populations.



Below is a list of sites participating in this funding mechanism and statistical data for each from 1/1/2019 – 12/31/2019 (pre-COVID; generated by Marcia Byers, RN, PhD):

Variable	Magnolia	Texarkana	Pine Bluff	Fayetteville	Fort Smith	Jonesboro	Batesville	Helena	Total
<b>Total Distinct Patients, N(%)</b>	3977 (9.3)	6696 (15.6)	7583 (17.7)	6478 (15.1)	9271 (21.6)	5506 (12.8)	2239 (5.2)	1198 (2.8)	42948
<b>Total Patient Visits</b>	13637 (9.1)	25081 (16.8)	24049 (16.1)	20703 (13.8)	33866 (22.6)	17829 (11.9)	10238 (6.8)	4288 (2.9)	149691
<b>Age (years), Mean (SD)</b>	35.8 (24.7)	44.3 (21.4)	46.4 (23.8)	33.1 (24.1)	28.8 (23.6)	29.3 (22.5)	49.5 (23.4)	41.1 (22.3)	34.4
<b>Age Ranges, N(%)</b>									
Under 12	898 (22.6)	160 (2.4)	692 (9.1)	1336 (20.6)	2899 (31.3)	1738 (31.6)	156 (7.0)	119 (9.9)	7998 (18.6)
12-17	321 (8.1)	1071 (16.0)	584 (7.7)	1299 (20.1)	1556 (16.8)	537 (9.8)	150 (6.7)	107 (8.9)	5625 (13.1)
18-24	432 (10.9)	543 (8.1)	620 (8.2)	749 (11.6)	780 (8.4)	519 (9.4)	167 (7.5)	139 (11.6)	3949 (9.2)
25-34	458 (11.5)	721 (10.8)	798 (10.5)	602 (9.3)	902 (9.7)	759 (13.8)	187 (8.4)	152 (12.7)	4579 (10.7)
35-44	364 (9.2)	815 (12.2)	826 (10.9)	545 (8.4)	768 (8.3)	518 (9.4)	267 (11.9)	160 (13.4)	4263 (9.9)
45-54	444 (11.2)	989 (14.8)	964 (12.7)	469 (7.2)	709 (7.6)	461 (8.4)	272 (12.1)	155 (12.9)	4463 (10.4)
55-64	505 (12.7)	1210 (18.1)	1240 (16.4)	568 (8.8)	748 (8.1)	529 (9.6)	373 (16.7)	165 (13.8)	5338 (12.4)
65-74	329 (8.3)	760 (11.4)	1004 (13.2)	511 (7.9)	500 (5.4)	319 (5.8)	360 (16.1)	126 (10.5)	3909 (9.1)
75+	226 (5.7)	427 (6.4)	855 (11.3)	399 (6.2)	409 (4.4)	126 (2.3)	307 (13.7)	75 (6.3)	2824 (6.6)
<b>Gender, N (%)</b>									
Male	1580 (39.7)	2677 (40.0)	2830 (37.3)	2884 (44.5)	3989 (43.0)	2116 (38.4)	872 (38.9)	462 (38.6)	17410 (40.5)
Female	2396 (60.2)	4018 (60.0)	4750 (62.6)	3590 (55.4)	5282 (57.0)	3389 (61.6)	1360 (60.7)	735 (61.4)	25520 (59.4)
Missing	1 (0.0)	1 (0.0)	3 (0.0)	4 (0.1)	0 (0.0)	1 (0.0)	7 (0.3)	1 (0.1)	18 (0.0)
<b>Race, N(%)</b>									
American Indian or Alaska Native	8 (0.2)	9 (0.1)	4 (0.1)	29 (0.4)	89 (1.0)	7 (0.1)	17 (0.8)	2 (0.2)	165 (0.4)
Asian	37 (0.9)	20 (0.3)	44 (0.6)	102 (1.6)	178 (1.9)	17 (0.3)	19 (0.8)	1 (0.1)	418 (1.0)
Black or African American	2421 (60.9)	3151 (47.1)	5369 (70.8)	442 (6.8)	1054 (11.4)	1966 (35.7)	58 (2.6)	886 (74.0)	15347 (35.7)
Mutually Defined	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)
Native Hawaiian or Other Pacific Islander	7 (0.2)	2 (0.0)	4 (0.1)	76 (1.2)	5 (0.1)	2 (0.0)	5 (0.2)	2 (0.2)	103 (0.2)
Other	3 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (0.0)
Patient Declined	0 (0.0)	0 (0.0)	2 (0.0)	20 (0.3)	36 (0.4)	2 (0.0)	10 (0.4)	1 (0.1)	71 (0.2)
Privacy & confidentiality concerns	0 (0.0)	17 (0.3)	5 (0.1)	1 (0.0)	1 (0.0)	34 (0.6)	0 (0.0)	0 (0.0)	58 (0.1)
State Prohibited	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (0.1)	0 (0.0)	3 (0.0)
Undetermined	0 (0.0)	0 (0.0)	0 (0.0)	3 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (0.0)
Unspecified	37 (0.9)	178 (2.7)	73 (1.0)	229 (3.5)	188 (2.0)	176 (3.2)	27 (1.2)	6 (0.5)	914 (2.1)
White	1434 (36.1)	3242 (48.4)	2000 (26.4)	5566 (85.9)	7690 (82.9)	3233 (58.7)	2050 (91.6)	181 (15.1)	25396 (59.1)
(blank)	30 (0.8)	77 (1.1)	82 (1.1)	10 (0.2)	30 (0.3)	68 (1.2)	50 (2.2)	119 (9.9)	466 (1.1)
<b>Ethnicity, N(%)</b>									
Hispanic or Latino	103 (2.6)	97 (1.4)	73 (1.0)	1987 (30.7)	2627 (28.3)	401 (7.3)	49 (2.2)	9 (0.8)	5346 (12.4)
Not Hispanic or Latino	3829 (96.3)	5638 (84.2)	6125 (80.8)	4387 (67.7)	6440 (69.5)	4390 (79.7)	1471 (65.7)	1061 (88.6)	33341 (77.6)
Patient Declined	9 (0.2)	3 (0.0)	5 (0.1)	7 (0.1)	12 (0.1)	0 (0.0)	33 (1.5)	2 (0.2)	71 (0.2)
State Prohibited	5 (0.1)	2 (0.0)	7 (0.1)	9 (0.1)	3 (0.0)	1 (0.0)	1 (0.0)	1 (0.1)	29 (0.1)
(blank)	26 (0.7)	952 (14.2)	1349 (17.8)	6 (0.1)	171 (1.8)	660 (12.0)	515 (23.0)	124 (10.4)	3803 (8.9)
Unspecified	5 (0.1)	4 (0.1)	24 (0.3)	82 (1.3)	18 (0.2)	54 (1.0)	170 (7.6)	1 (0.1)	358 (0.8)
<b>Health Literacy, N(%)</b>									
Patients ≥18 N	2815	5632	6425	4024	5043	3304	1963	989	30195
1-Extremely	921 (32.7)	1805 (32.0)	2176 (33.9)	1607 (39.9)	1455 (28.9)	1506 (45.6)	473 (24.1)	418 (42.3)	10361 (34.3)
2-Quite a bit	710 (25.2)	1770 (31.4)	1866 (29.0)	720 (17.9)	626 (12.4)	550 (16.6)	182 (9.3)	62 (6.3)	6486 (21.5)
3-Somewhat	345 (12.3)	766 (13.6)	708 (11.0)	203 (5.0)	408 (8.1)	305 (9.2)	43 (2.2)	25 (2.5)	2803 (9.3)
4-A little bit	157 (5.6)	348 (6.2)	204 (3.2)	40 (1.0)	185 (3.7)	119 (3.6)	24 (1.2)	2 (0.2)	1079 (3.6)
5-Not at all	32 (1.1)	372 (6.6)	139 (2.2)	33 (0.8)	191 (3.8)	138 (4.2)	14 (0.7)	12 (1.2)	931 (3.1)
6-Patient refused	1 (0.0)	0 (0.0)	5 (0.1)	3 (0.1)	3 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)	12 (0.0)
Missing	649 (23.1)	571 (10.1)	1327 (20.7)	1418 (35.2)	2175 (43.1)	686 (20.8)	1227 (62.5)	470 (47.5)	8523 (28.2)
<b>Insurance, N(%)</b>									
Account Billing	0 (0.0)	5 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	5 (0.0)
Appointment Type	0 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)
AR Self-Pay Pending Medicaid	2 (0.1)	2 (0.0)	0 (0.0)	1 (0.0)	5 (0.1)	0 (0.0)	2 (0.1)	0 (0.0)	12 (0.0)
BCBS	753 (18.9)	807 (12.1)	1363 (18.0)	813 (12.6)	1050 (11.3)	751 (13.6)	594 (26.5)	173 (14.4)	6304 (14.7)
Commercial	475 (11.9)	977 (14.6)	1435 (18.9)	1600 (24.7)	1191 (12.8)	962 (17.5)	511 (22.8)	250 (20.9)	7401 (17.2)
DHS	1 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)
Medicaid	1680 (42.2)	2539 (37.9)	2147 (28.3)	2585 (39.9)	5013 (54.1)	2779 (50.5)	248 (11.1)	359 (30.0)	17350 (40.4)
Medicare	265 (6.7)	1960 (29.3)	1392 (18.4)	561 (8.7)	1319 (14.2)	777 (14.1)	502 (22.4)	99 (8.3)	6875 (16.0)
Medicare RHC	435 (10.9)	0 (0.0)	1 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	437 (1.0)
Medicare/Commercial	33 (0.8)	20 (0.3)	461 (6.1)	327 (5.0)	11 (0.1)	3 (0.1)	250 (11.2)	39 (3.3)	1144 (2.7)
Medicare/Medicaid	81 (2.0)	46 (0.7)	545 (7.2)	192 (3.0)	34 (0.4)	38 (0.7)	55 (2.5)	76 (6.3)	1067 (2.5)
Self Pay	209 (5.3)	229 (3.4)	200 (2.6)	368 (5.7)	584 (6.3)	171 (3.1)	56 (2.5)	21 (1.8)	1838 (4.3)
Third Party Liability	1 (0.0)	1 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	170 (14.2)	174 (0.4)
Tricare	21 (0.5)	105 (1.6)	27 (0.4)	25 (0.4)	57 (0.6)	15 (0.3)	19 (0.8)	1 (0.1)	270 (0.6)
TX Self-Pay Pending Medicaid	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Worker's Compensation	8 (0.2)	0 (0.0)	3 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	1 (0.1)	13 (0.0)
(blank)	13 (0.3)	4 (0.1)	8 (0.1)	6 (0.1)	6 (0.1)	8 (0.1)	2 (0.1)	9 (0.8)	56 (0.1)

UAMS Regional Campus	Location	Examples of Staffing & Resources**	EPIC	Counties Served
Northwest	Fayetteville	Research coordinator, phlebotomists, diabetes educators, pharmacists, family medicine residents, LPN / RN, access, and education staff for the residency program and students. Includes telehealth capabilities and access to remnant samples.	Yes	Benton, Boone, Carroll, Madison, Newton, Washington
East	Helena	Research coordinator, diabetes educator, phlebotomist, telehealth capabilities, prevention and wellness programs including a Fitness Center	Yes	Chicot, Crittenden, Desha, Lee, Monroe, Phillips, St. Francis
South Central	Pine Bluff	Research coordinator, diabetes educator, phlebotomist, family medicine residents, LPN / RN, access, and education staff for the residency program and students. Includes telehealth capabilities and access to remnant samples.	Yes	Arkansas, Cleveland, Drew, Garland, Grant, Jefferson, Hot Spring, Lincoln, Lonoke, Prairie, Saline
West	Fort Smith	Research coordinator (TBH), phlebotomists, diabetes educator, pharmacists, family medicine residents, LPN / RN, access, and education staff for the residency program and students. Includes telehealth capabilities and access to remnant samples.	Yes	Conway, Crawford, Faulkner, Franklin, Johnson, Logan, Montgomery, Perry, Polk, Pope, Sebastian, Yell, Scott
North Central	Batesville	Research coordinator (TBH), phlebotomists, family medicine residents, LPN / RN, access, and education staff for the residency program and students. Includes telehealth capabilities and access to remnant samples.	Yes	Baxter, Cleburne, Fulton, Independence, Izard, Marion, Searcy, Sharp, Stone, White
Southwest	Texarkana	Research coordinator (TBH), phlebotomists, diabetes educators, pharmacists, family medicine residents, LPN / RN, access, and education staff for the residency program and students. Includes telehealth capabilities.	Yes	Clark, Hempstead, Howard, Pike, Lafayette, Little River, Miller, Nevada, Sevier
South	Magnolia	Research coordinator (TBH), family medicine residents, LPN / RN, access, and education staff for the residency program and students. Includes telehealth capabilities.	Yes	Ashley, Bradley, Calhoun, Columbia, Dallas, Ouachita, Union
Northeast	Jonesboro	Research coordinator (TBH), phlebotomists, pharmacists, family medicine residents, LPN / RN, access, and education staff for the residency program and students. Includes telehealth capabilities and access to remnant samples.	Yes	Clay, Craighead, Cross, Greene, Jackson, Lawrence, Mississippi, Poinsett, Randolph, Woodruff

\*\* Regional Programs are staffed with clinical teams for a family medicine practice. While resources are regional, depending on current patient volume, and the depth or demand of the research project, resources may need to be budgeted within the project.

For additional information about regional programs, go to the [REP 2020 Annual Report](#). The latest report from the Arkansas Central Cancer Registry, highlighting the differences in incidence and mortality between rural and urban areas, is available [here](#). Additionally, queries can be run using the Arkansas Central Cancer Registry's most updated data [here](#); select "Urban/Rural" on the "Geography" tab.

Please consider each site for the best fit for your study. Proposed research should utilize one or more of these rural research sites. Research coordinators with data collection and enrollment experience are currently located at three of the study sites with anticipation to expand research support to all sites. If a research coordinator is not currently located at the site desired for your study, consider another site or include this position within the budget and the Director of the Rural Research Network will work with UAMS Human Resources to fill the position.

### Informational Webinar April 15, 2021

An informational webinar will be held at 3:00 pm on Thursday, April 15, 2021 to provide interested applicants with specific information on this opportunity's focus, application process, population within Regional Programs and the Rural Research Network. Program staff will provide additional information during the webinar to help

identify the resources needed and the ideal site(s) for your project. If research resources are not currently available at your desired site(s), resources can be built into your application budget.

**Eligibility:** PIs must be a Winthrop P. Rockefeller Cancer Institute full or associate member at the time of application. Winthrop P. Rockefeller Cancer Institute full and associate memberships are open to faculty members at UAMS, Arkansas Children's/ACRI, CAVHS and University of Arkansas at Fayetteville who are actively conducting cancer research as evidenced by grant funding or publication of cancer focused peer-reviewed articles within the last two years. Only one PI is required to be a Winthrop P. Rockefeller Cancer Institute member on multi-PI applications. To learn more about Winthrop P. Rockefeller Cancer Institute membership or to apply, visit the [membership page](#).

**Expectations of Awardees:** To be eligible for future Winthrop P. Rockefeller Cancer Institute support, award recipients will be expected to (1) participate in Winthrop P. Rockefeller Cancer Institute activities, including but not limited to Program Meetings, Annual Meetings, and Winthrop P. Rockefeller Cancer Institute-sponsored seminars and (2) complete annual surveys to collect funding outcome metrics.

**Application Process:** PIs must first submit a Letter of Intent (LOI). Following review, the strongest proposals will be invited to submit a full application.

**Award:** Up to three separate awards with a maximum budget of \$100,000 each will be granted. The goal of the program is to fund two to three pilot/feasibility studies that directly recruit participants and/or studies that are primarily focused on data analysis. Funding is for 18 months (9/1/2021-2/38/2023). Extensions are not permitted. Multi-PI projects will receive award funds as a single award to the submitting PI. Multiple award accounts will not be established.

Examples of successful pilot/feasibility studies ideal for RRAP funding include: Dr. Sacha McBain's project entitled "Digital PTSD Screening and Intervention to Meet Rural Needs" and Dr. Tuhin Virmani's project entitled "Utilization of a Neuroinformatics Research Platform (ARIES) to Develop Quantitative Tools for Clinical Assessment and Treatment of Parkinson's Disease Patients in Rural Arkansas". Both pilot projects are featured at the [TRI Portal](#). Although these examples are more clinically based, a broad range of research utilizing regional sites is encouraged. In addition, projects can include sample collection, educational interventions, or target behavioral health outcomes.

**Review:** LOIs and full applications will be evaluated by a peer-review panel using the NIH scoring system. The review panel will recommend proposals, based on scientific merit, to the Winthrop P. Rockefeller Cancer Institute Director for final selection.

**Expenses:** Applicants are encouraged to utilize and budget appropriately for use of Winthrop P. Rockefeller Cancer Institute Shared Resources and the Network's research staff. Effort for statistical and/or bioinformatics support and analyses (master's or PhD) must be included. Funds may also be used to purchase computers for new hires and supplies including educational and marketing materials specifically related to the proposed research. Up to \$1,500 may be budgeted for travel directly related to presenting the results and/or publication fees. Funds may not be used for faculty salary support with the exception of statistical support. Indirect costs are not allowed. Matching funds are allowed.

**Progress Report:** Projects that receive a RRAP award will be expected to submit a final, written progress report toward the end of the award period. Details regarding the format of the report will be provided at that time.

**Publications:** Publications resulting from a RRAP award will be required to cite the Winthrop P. Rockefeller [Cancer Institute](#) and [the TRI](#) according to their citation requirements.

**Contact:** If you have any questions about the RRAP or the application process, please contact Ms. Laura Rakes at [ALRakes@uams.edu](mailto:ALRakes@uams.edu).

## LOI Instructions and Process

**Informational Seminar/Webinar:** An informational webinar will be presented to fully inform applicants about this new mechanism for the Winthrop P. Rockefeller Cancer Institute and the application process. Attendees will have the opportunity to ask questions. This webinar will be held on April 15, 2021 at 3:00pm. If you are interested in attending the webinar, please contact Ms. Laura Rakes at [ALrakes@UAMS.edu](mailto:ALrakes@UAMS.edu). Attendance is highly recommended. If you are unable to attend the webinar, you may access the recording by contacting Ms. Rakes.

**LOI Content:** The LOI should be addressed to the RRAP Advisory Team and Staff. It should be formatted as described above and consist of no more than 1,000 words. A single PDF should be submitted as the LOI for consideration. The LOI should be typed and single spaced with 0.5-inch margins. Arial font should be used with a minimum font size of 11p. A minimum font size of 9p can be used in Figure and Table legends. The final submitted LOI should be a single PDF document with all required components identified through subheadings. LOI content must include the following information:

- Project title
- Project summary written to be understandable by a diverse scientific audience
- Impact of your project on rural health/rural healthcare
- Population(s) that will benefit from your research
- Need for this research and any unique or innovative aspects of the proposed research
- Describe how the project will further rural health research in Arkansas.
- Scientific approach – provide a brief description of proposed research approach and methodology
- Plan for extramural funding – describe your plan for obtaining extramural peer-reviewed funding with the data collected through this award. Be as specific as possible, identifying the funding institution and mechanism (eg. NCI R01, NIMHD R01) and likely co-PIs, co-Is or other key personnel that will be collaborating on the extramural submission.
- NIH Biosketch of PI(s) and Co-I(s) (5 page maximum each; not included in word count)

**Submitting your LOI:** LOIs should be submitted electronically as a single PDF using the [REDCap form](#), no later than 5:00 pm on April 30, 2021. Please contact Ms. Laura Rakes ([ALRakes@uams.edu](mailto:ALRakes@uams.edu)) if you have any questions related to this funding mechanism or the submission portal.

**LOI Review and Selection:** The RRAP Advisory Team will review all LOIs and rank applications based on content provided in the LOI and their assessment of feasibility, potential for impact and potential for the project to result in a competitive NCI/NIH grant application. The RRAP Advisory Team is composed of representatives from the UAMS Rural Research Program and the Winthrop P. Rockefeller Cancer Institute. All PIs submitting LOIs will be informed of their application status following review.

## Full application instructions

**Consultations and Budget Review:** All projects invited to submit a full application are required to consult with the RRAP Advisory Team. Details on this consultation will be included with the invitation for a full application. The goal of this consultation is to ensure that your project goals fully align with resources available through the UAMS Rural Research Program and that your methodology is optimal to meet your goals within the eighteen-month award period. Consultations will assess and discuss use of resources, scientific feasibility, timeline of proposed work and the project budget.

Consultations are also required with the following: 1) TRI's Biostatistics, Epidemiology, and Research Design (BERD) group with respect to design and statistical approaches; 2) TRI's Comprehensive Informatics Resource Center (CIRC), with respect to informatics approaches and needs; and 3) Joint review among CCTRA, Rural Research Network, and Winthrop P. Rockefeller Cancer Institute program staff will review the application with respect to budgeting and allowable costs.

**Required Pre-Reviews and Approvals:** Some projects invited to submit a full application may be required to obtain pre-reviews or pre-approvals from their departments or other UAMS committees to confirm feasibility and support of the proposed work. All clinical research must receive approval from the Winthrop P. Rockefeller Cancer Institute Protocol Review and Monitoring Committee (PRMC) before proceeding with the IRB submission. The LOI will be used to determine which pre-reviews or pre-approvals will be needed for a project to advance to full application, and PIs will be notified. PIs will be required to provide documentation of all required pre-reviews or pre-approvals in their full application.

Please note that all cancer-related research must go through a two-stage scientific review within the Winthrop P. Rockefeller Cancer Institute to meet standards set by the National Cancer Institute. The first review in the appropriate Disease Oriented Committee (DOC) provides multidisciplinary review of the concept and protocol by a team of disease site experts. The second stage review by the Protocol Review and Monitoring Committee (PRMC) provides a more in-depth scientific, statistical and feasibility review by cancer clinical research experts. IRB submission can be pursued once DOC approval has been obtained. Reviews will be expedited as much as possible by the various entities to meet the deadline.

**Regulatory Approvals:** Projects selected for full application must be submitted to the relevant research regulatory body (e.g. IRB) for approval by June 11, 2021 and must receive full approval, if applicable, by August 18, 2021. Projects exempt from IRB submission must provide an official letter from the IRB stating that the proposed research has been determined as non-human subjects research. Submission of a determination request does not constitute proof of IRB submission.

**Full Application Content:** All components detailed below are required. This funding mechanism is modeled after the NIH R03 mechanism. Proposals should be typed and single spaced with 0.5-inch margins. Arial font should be used with a minimum font size of 11p. A minimum font size of 9p can be used in Figure and Table legends. The final submitted full application should be a single PDF document with all required components identified through subheadings.

1. Cover page to include the following (1 page):
  - a. Title of project
  - b. Principal Investigator's name, department and contact information
  - c. Co-investigator's name, department and contact information
2. Overview page (1 page) to include the following:
  - a. Project summary (maximum 30 lines)
  - b. Project narrative (maximum 3 sentences)



3. Specific aims (1 page)
4. Research strategy (3 pages). The following sections are required: Significance, Innovation, Approach, and Plan for Extramural Funding and Publication. A section on preliminary studies can be included, if relevant.
5. References cited (1 page)
6. NIH Multiple PI Leadership Plan (if relevant) (1 page)
7. Detailed budget form (provided in this funding announcement) (1 page)
8. Budget justification (no page limit)
9. Facilities and other resources (no page limit)
10. Equipment (no page limit)
11. NIH Biosketch of PI(s) and Co-I(s) (5 page maximum).
12. Letters of Support (no page limit). A letter of support from your Division or Department chair is required. Additional letters of support may be submitted with the application if appropriate to confirm support for the proposed work.
13. Documentation of committee approvals and/or submissions required by the RRAP Advisory Team (e.g., PRMC approval letter, IRB submission and expected approval date, IRB letter) stating that the proposed research is not human subject research.

**Submitting your Full Application:** Applications should be submitted electronically as a single PDF using the [REDCap form](#), no later than 5:00 pm on June 18, 2021. Please contact Ms. Laura Rakes ([ALRakes@uams.edu](mailto:ALRakes@uams.edu)) if you have any questions related to this funding mechanism or the application portal.

**Full Proposal Administrative Review:** All invited full applications will first undergo an administrative review by RRAP staff. Applications that do not include all required components will not be considered, and the PI will be notified.

**Full Proposal Scientific Review:** All invited full applications that pass the administrative review will then undergo scientific review. Proposals will be evaluated by a peer-review panel using the NIH scoring system. The review panel will recommend proposals, based on scientific merit, to the RRAP Advisory Team. The peer-review panel will review for resources used, as well, including space, equipment, shared resources, etc.

**Full Proposal Final Review:** The RRAP Advisory Team will consider the scientific review along with feasibility, potential for impact and potential for the project to result in a competitive NCI/NIH R01 grant application. The RRAP Advisory Team will rank the proposals and make recommendations to the Winthrop P. Rockefeller Cancer Institute Director for final selection.

#### **Overall Timeline for 2021 Rural Research Award Program**

Informational Webinar	April 15, 2021, 3:00 - 4:00 pm
LOI Deadline	April 30, 2021, 5:00 pm
Full Applications Invited	May 13, 2021
BERD/CIRC Consultations	May 14, 2021 – June 11, 2021
Budget Consultation	By June 11, 2021
Proof of Regulatory Submission and Proof of DOC Approval	June 11, 2021 (via email by 4:00 pm)
Full Application Due	June 18, 2021, 5:00 pm
Awardees Announced	July 21, 2021
Regulatory Approval	August 18, 2021
Project Start Date	September 1 – October 20, 2021