

## Implementation and Outcomes Research Cycle 2

### Application Prompts

#### Full Application (Required)

Applications must be submitted through the CARE Fund grants management system, which can be accessed via the CARE Fund website. The grant application will be available to applicants by Wednesday, June 4, 2025, and the application must be submitted by Wednesday, August 6, 2025, 4:00 p.m. (PT). The online application form will include the prompts and questions listed below.

Please respond to the following prompts and questions in the online application. (Application uploads should follow National Institutes of Health (NIH) font, line spacing, paper size, and margin guidelines. <https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/format-attachments.htm#font>)

If an uploaded attachment exceeds the page limit, the pages exceeding the limit will not be reviewed. The only attachments allowed for submission are those required in the application. Supplemental attachments, such as letters of support, will not be reviewed.

- **Acknowledgment of Grant Payment Conditions.** The applicant must review and acknowledge the conditions of CARE Fund grant award payments.
- Confirmation of Expenditure of CARE Fund Award and required Non-State Match contribution
- **Applicant Organization Type.** Select the organization type that best describes your organization.
- **Applicant Organization Corporate Status.** Select the organization's corporate status.
- **Applicant Washington Unified Business Identifier (UBI)**
- **WA State OMWBE Certified Business.** Is the applicant organization a Washington State certified minority, women, or veteran-owned business? (This information is requested for measurement purposes only and it will not be used for evaluating the application.)
- **WA State Presence.** Does the Applicant Organization have a substantial presence in Washington State?
- **Administrative Capacity.** Confirm that the Applicant Organization has the organizational capacity, resources, staffing, and policies that will be used to administer the project during the grant period, including, accounting, grant compliance, and intellectual property policies. (1000 characters or less)
- **Project Title.** (250 characters or less)
- **Contact Person for this Application** (Enter First Name, Last Name, Position, Email)
- **Principal Investigator (PI)** (Enter First Name, Last Name, Title, Institution, Email) Enter the name of the Lead Principal Investigator. (If there are Co-PIs, list only the contact PI here.)
- **Layperson Summary of the Project.** Please provide a brief summary of the project using plain language suitable for non-scientific audiences. **Note: The information provided in this section may be made publicly available, exactly as provided. Do not include proprietary, privileged, or confidential information in the Layperson Summary.** (750 characters or less)

- **Project Scientific Abstract.** Provide a summary of the proposed project for scientific audiences and clearly list the major aims of the project. Note: The information provided in this section may be made publicly available. Do not include proprietary, privileged, or confidential information in the Project Scientific Abstract. (2000 characters or less)
- **Project Keywords.** (75 characters or less)
- **Project Performance Site(s).** Provide the primary performance site for this proposal, and any other performance site(s). For each site, provide the organization's legal name and location (city and state). For each project site, provide a percentage for the work that will be done at each site. (2500 characters or less)
- **Cancer Disparities.** Does the proposed project address cancer disparities? Cancer health disparities are adverse differences between certain population groups in cancer measures, such as incidence, prevalence, morbidity, mortality, survivorship and quality of life after cancer treatment, burden of cancer or related health conditions, screening rates, and stage at diagnosis. These population groups may be characterized by race, ethnicity, disability, gender and sexual identity, geographic location, income, education, and other characteristics. Please refer to <https://www.cancer.gov/about-cancer/understanding/disparities> for more information.
- **Cancer Disparities Description.** Describe the cancer disparity or disparities and how the project will address them. Describe the immediate, mid-term, or long-term impact of the project to address the cancer disparity. And describe the measures that will be taken to include the populations, including specific Washington State populations, most impacted by the cancer disparity. If the project does not address a cancer disparity, enter N/A. (500 characters or less)
- **Childhood Cancer.** Is the primary focus of the proposed project on childhood cancer or childhood cancer issues?
- **Research Area.** Select the area of research that best characterizes the project included in this application. After selecting your research area, you will be asked to select the primary area of research focus. Please refer to <https://www.icrpartnership.org/cso> to see the research areas and primary areas of focus for each research area.
- **Cancer type.** Select the type of cancer that is the primary focus of the proposed project. Primary focus indicates that the majority of the project workplan is dedicated to research on the selected cancer type. Please refer to <https://www.cancer.gov/types> to identify common cancer types.
  - For projects which devote significant resources in the project workplan to more than one cancer type please select Multiple Types and specify the cancer types. (150 characters or less)
  - For research that applies to cancers regardless of tumor origin, select Pan-Cancer and describe. (250 characters or less)
  - If the cancer type is not among the common cancer types listed, please select Other and specify. (150 characters or less)
- **Proprietary, Privileged, or Confidential Information.** Is proprietary, privileged, or confidential information included in this application? [Note: Applicants should consider protecting any potential intellectual property or confidential information before disclosing it in the application. Proprietary, privileged, confidential commercial, patentable ideas, trade secrets, etc. should only be included in the application to the extent necessary to convey an understanding of the project proposal. Such information should be **clearly marked** in the application materials as proprietary, privileged, or confidential information.] (See Washington State Public Records Act Notice)
- **Human Subjects.** Does the proposed project involve Human Subjects?

- If yes, Institutional Review Board (IRB) status. (Approved/Pending/Exempt/Not Applicable)
- IRB Approval Date
- Human Subjects Assurance Number
- Human Subjects Assurance. If applicable, describe the strategy for protection of human subjects (2000 characters or less)
- **Vertebrate Animals.** Does the proposed project involve the use of vertebrate animals?
  - If yes, indicate if the Institutional Animal Care and Use Committee (IACUC) review is pending or approved.
  - IACUC Approval Date (Leave blank if the IACUC approval is pending.)
  - Animal Welfare Assurance Number (Enter the number for the applicant organization)
  - Vertebrate Animal Welfare Assurance If applicable, provide sufficient information to demonstrate to reviewers that designation of vertebrate animal involvement is appropriate. (1500 characters or less)
- **Project Work Plan.** The project work plan should be structured such that it addresses each of the criteria being evaluated by the review panel as outlined in the Funding Opportunity (refer to the [RFP announcement](#) for details regarding Review Criteria requirements), including the following: specific aims, research strategy, significance, innovation, approach, rigor, feasibility, investigators, environment and budget).

Eligible applications will be evaluated against the review criteria for an Overall Impact Score. All criteria will be considered in arriving at the overall impact score. (Upload, Limit 10 pages, including figures. References are not included in the page limit. If an uploaded attachment exceeds the page limit, the pages exceeding the limit will not be reviewed.)

- **Project Milestones and Timeline.** Use the [Project Milestones and Timeline Guidance](#) as a template to describe the project's milestones, deliverables/outcomes, and completion dates. (Upload, Limit 4 pages, 2 MiB allowed. If an uploaded attachment exceeds the page limit, the pages exceeding the limit will not be reviewed.)
- **Project Key Personnel Form.** Use the [Project Key Personnel Form](#) to upload a list of key personnel including each person's project role, full name, position, personnel worksite location, percentage of project effort spent at the worksite location and organization name. (Maximum upload allowed: 2 MiB)
- **Project Sources of Support.** Use the [Project Sources of Support](#) Form to upload information for each key member of the personnel list all other sources of active and pending support for the last 37 months prior to the date of application, including other CARE Fund grants for each key project personnel member listed on the first tab of the form. Each key member should fill out a separate tab in the worksheet and label their role (include only the people listed on the Project Key Personnel Form who are PIs, Co-PIs, Investigators or Co-Investigators on the project). For each award list the title, project aims, PI, Award Number, Funding Agency, Start Date, End Date and Percent Effort. Indicate awards that have aims that overlap with the current applications and if these will be used for the CARE Fund Non-State Match funds contribution requirement. For awards that overlap but are not used for Non-State Match funds, indicate how the overlap will be resolved. Maximum upload allowed: 2 MiB)
- **Biosketches** for Principal Investigator and Key Personnel (Upload. Use NIH format. Limit 5 pages per biosketch. Combine all biosketches as a single file. Maximum upload allowed: 15 MiB.)

- **Project Support Period** (Enter Start and End Dates). The earliest start date may not be before April 14, 2026. The end date may not be more than 24 months after the project support period start date.
- **Budget Narrative Justification.** Use the [Project Budget Narrative Justification Guidance](#) as a template to create the budget narrative justification and include a brief description of how the budget contingency plan will address potential risks or new challenges relative to the commitment of Non-State Match funds in the project budget. (Upload, Limit 6 pages. Maximum upload allowed: 5 MiB. If an uploaded attachment exceeds the page limit, the pages exceeding the limit will not be reviewed.) Indicate the amount of funds that will be spent outside of the State of Washington for CARE Fund and Non-State Match funds for each budget category.
- **Project Budget Direct Costs.** For each budget category, enter the direct costs for the project across the entire project period into the table (i.e., months 1–12, months 13–24, and total). Please see the [Project Budget Narrative Justification Guidance](#) for a description of the direct cost budget categories.
- **Project Budget Summary.** Enter total direct, indirect and project costs across the entire project period, regardless of funding source into the table. In general, CARE Fund grants are for the allowable total cost of research. Indirect costs are allowed at the current federally negotiated rate or the rate in place as of February 6, 2025, whichever is greater. If the applicant did not have a federally negotiated rate as of February 6, 2025, the indirect cost rate may not exceed 30% and must be justified.
  - **Project Funding by Source.** Enter the amounts of all funds from all sources for the entire project period into the table. **Financial Commitment (Non-state match)** Applicants must submit proof of their secured minimum one-to-one (1:1) match of non-state of Washington funds to requested grant funds. Applicants must also demonstrate that the required matching funds will be available and dedicated for use during the grant period. At CARE Fund's sole discretion, applications that fail to sufficiently demonstrate the non-state match funds requirements (e.g., non-state source, availability of the match for grant period, etc.), may be determined ineligible and not advanced for review. [Note: Proof of matching contributions may be accomplished by providing a written, binding, enforceable agreement from the contributor that commits an amount of non-state of Washington or private contributions. The document must include a definitive statement that a non-state or private contribution is committed and available during the grant period, including the amount, AND acknowledge that the CARE Fund grant award is contingent upon this contribution.] (Maximum upload allowed: 4 MiB.)
- **Project Team Interaction with End Users.** Will the principal investigator or the project team interact with end-users (as defined by the researcher) of their research, resource, or product before, during, or after the proposed project?
  - Select all that apply
    - Before project commencement
    - During the project
    - After project completion
  - If yes to any of the above, please describe. (1500 characters or less)

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