Harvard Catalyst Child Health Pilot Grant Program

Request for Applications: Advancing Child Health through Translational Research

Applications Due: February 21, 2012 at 5:00pm EST

This new Child Health Pilot Grant Program from Harvard Catalyst seeks to engage basic, translational, and clinical investigators from across the Harvard community in innovative, interdisciplinary research. The goal of the Pilot Grant Program is to generate new insights about conditions and diseases of childhood and their long-term consequences for adult health.

I. Rationale for the Pilot Grants

Current goals for Harvard Catalyst include:
- Better trained and educated clinical translational investigators
- Increased collaboration
- More tools and better resources for conduct of clinical translational research
- Community engagement

This 2012 RFA seeks innovative applications that address one of three main themes described in Section II. We expect that research building on these themes can facilitate collaboration across disciplines vital to child health research and build novel strategies for addressing key questions in child health.

Please read this RFA carefully as it contains important information about eligibility and review criteria. If you have any questions, please contact one of the individuals listed at the end of this announcement (section IX).

II. Selected Categories

Applications are invited that address the areas indicated below. The categories listed reflect key gaps in knowledge and possible approaches to addressing these gaps. While feasibility will be a key factor in review of submissions, novel approaches are encouraged.

1. Innovative Technologies to Advance Child Health
   Many technological advances in medical therapeutics and diagnostics fail to address the unique needs of children. Deficits in technology development for pediatric applications exist in a number of areas: i) technologies designed to diagnose or treat specific pediatric disorders or to improve the care of preterm infants, ii) safety and efficacy of existing technologies in the pediatric population, iii) modifications of existing technologies to accommodate the needs of infants, children, and adolescents, and iv) novel applications of existing technologies, including electronic media for research applications.

2. Health Systems and the Community
   Health systems research investigates ways that children and families receive services and the financing of those services. Much of the current work related to innovations in health care for children, such as care coordination and the medical home, as well as the distribution of care between subspecialist providers and primary care, have not been systematically examined. Efforts to address the interface of health care and the community, especially for child and adolescent
chronic conditions, including health care in the community, involvement of other community resources, and the influence of community variables on child health and health care, need more systematic attention. For children and adolescents, community resources, especially schools, could play a larger role in their health and well-being.

3. Life-course, Development, and Transitions
Experiences and exposures in childhood – from antenatal life through adolescence – have long-term health consequences. Life-course research emphasizes the important influence of early clinical, social, and environmental experiences, such as the childhood antecedents of adult disease, or the effects of cumulative risk, on long-term health outcomes. The transitions that children, including those with chronic health conditions, undergo – e.g., from newborn services to home, home to school, into adolescence, or from pediatric clinical providers to adult services – impact health, as does the time sensitive and dynamic nature of development among children and adolescents. Development affects disease manifestations, as well as treatment efficacy and opportunities. Research into these related areas of life-course, transitions, and development all can lead to more effective health care, along with opportunities to integrate them with new advances in understanding the genetics and molecular biology of disease and health.

III. Eligibility and Key Elements of the Child Health Pilot Grant Program
- Any faculty member who holds a Harvard University faculty appointment irrespective of type of degree or institutional affiliation is eligible to be the Principal Investigator. All non-tenure track investigators with faculty appointments should provide a letter from their department verifying their appointment title and faculty status at Harvard with their grant proposal. Undergraduates, graduate students, clinical trainees, post-doctoral, and clinical fellows cannot serve as the Principal Investigator of an application, but may serve as Co-Investigators, provided they make a substantial contribution to the project. A substantial contributor helps conceive of the experimental idea, contributes to the intellectual development of the project, and/or designs the study or part thereof (scientific or technical details), and will be involved with the study throughout the funding year. If you have questions about whether you are eligible to apply, please email child.health@catalyst.harvard.edu or call 617-432-7810.
- At least one Co-Investigator is required and there is no limit to the number of Co-Investigators that may be listed. While researchers may submit only one application as Principal Investigator, they may be listed as a Co-Investigator on multiple applications.
- Proposed project must be collaborative – single investigator projects are not responsive to the RFA. Inter-disciplinary and inter-institutional collaborations are encouraged.
- This RFA encourages applications from junior or mid-level investigators. For junior investigators, appropriate supervision and mentoring need to be provided.
- Child Health Pilot Grants can range between $25,000 and $50,000 per application for one year, depending upon the scope of the work.

IV. Timeline for the Grant Submission and Review
RFA Available January 19, 2012
Applications Due February 21, 2012, 5:00pm EST
Funding Decisions Announced Early April, 2012

V. Grant Application
Due date: February 21, 2012, 5:00pm. Please submit applications using the webform at http://catalyst.harvard.edu/services/pilotfunding/childhealth.html.

Please note that your internal institutional application process may require additional time for review and additional documents. Thus, work with your Research Administrator during the application process.

The form will close at 5:00pm on February 21, 2012, and there will be no exceptions permitted. Please allow time before the deadline to deal with any unexpected problems submitting the application.
Harvard Catalyst staff will be available until 5:00pm to help you should you encounter problems submitting your application.

1. Online application form.

2. Administrative documents. The following administrative documents should be uploaded as a single PDF via the webform (found at the url listed above):
   a. For each institution that will receive funds, the following forms must be completed:
      i. PHS 398 Face Page, to be signed by institutional official. One Face Page per funded site.
      ii. PHS 398 Form Page 4: Detailed budget for one year. Refer to section VIII for allowable costs. If more than one site will share the budget, the combined total should not exceed $50,000 and each site is required to submit a separate budget page.
      iii. Narrative Budget Justification.
      iv. A brief statement describing the work to be performed at each institution (2-3 sentences per institution).

   b. If IRB or IACUC approval are required and have not been obtained, please indicate the status of, and the plans for obtaining approval. Funds will not be released without the necessary approvals. The strength of the plan for obtaining the necessary approvals will be assessed as part of the review process.

   c. PHS 398 Biographical Sketches for the Principal Investigator, Co-Investigators and significant collaborators. An eRA Commons ID is requested for all Co-Investigators.

   d. Letter from the Principal Investigator’s department verifying appointment title if non-tenure track faculty (see section III).

3. The scientific proposal (uploaded as a separate PDF via the webform). The scientific proposal is limited to five pages, not including references. You must use Arial font, size 11, single-spaced, with 0.7 inch margins. Include the following sections (suggested lengths in parentheses).
   a. Introduction (1 page). Describe the scientific background for your grant application. Critically evaluate existing knowledge; explain how your pilot proposal relates to gaps in current knowledge and the themes of this RFA; and specifically discuss how your project has the potential to impact child health.

   b. Project Details (2½-3½ pages). Describe the specific aim(s) that will be completed in the funding period. For each aim, provide the study details, and delineate an approximate timeline for the activities related to that aim, including realistic milestones with which to judge progress of the project. Preliminary data are not required, but can be included if they speak to feasibility. Please describe contributions from each member of the team in the design and execution of the proposed study.

   c. Future Plans (½ page). Describe how you propose to extend and fund your project past the year of support. Provide an overview of the future research plan and types of funding for which you intend to apply.

   d. References (limit to 1 additional page).

   e. Appendix material is not allowed. All figures should be included in the body of the application.

VI. Main Review Criteria
The critical qualities of successful applications will be innovation, feasibility, and impact, as well as responsiveness to the RFA themes. Specifically, applicants should address the following questions in their proposals:
• Does the proposal provide a novel approach to an identified problem/obstacle in child health research, or does it identify a new topic of research?
• If successful, how will the results impact children?
• Does the project relate to one of the three stated themes for the RFA?
• Is the project feasible in the project period?
• Does the project have a high potential to lead to future funding?
• Do the investigators have the requisite skills and experience to carry out the project successfully?
• Is the project collaborative across disciplines or institutions?
• If the Principal Investigator is a junior or mid-level investigator, is appropriate supervision and mentoring provided?

VII. Funding
Funding decisions will be announced in early April, 2012. The maximum period of award is 12 months, starting on the effective funding date. The maximum amount to be awarded per application is $50,000, direct costs. Indirect costs are not allowed. Note that the funding cannot be released until all applicable human and animal subject protocols have been approved and copies, with approval letters, sent to Harvard Catalyst. Each award is non-renewable. Awards are not ordinarily transferable to another Principal Investigator but investigators with special circumstances can discuss the situation with Harvard Catalyst. Please be advised that upon funding, additional administrative documents may be required. Six-month no-cost extensions will be granted in some instances pending approval.

It is anticipated that up to ten pilot grants will be funded in this cycle.

VIII. Allowable Costs
Faculty Salary Support: Harvard Catalyst Pilot Grants will provide salary support for up to 5% effort and in compliance to the NIH salary cap. However, please note that there is no minimum or maximum effort commitment requirement (effort above 5% will have to be cost shared by the faculty’s institution).

Other Personnel Support: Salary and fringe benefits are allowed for technical support, such as: Research Fellows, Research Assistants, Clinical Coordinators, Research Nurses, etc. However, salary support for ancillary personnel, such as Mentors, Secretaries, and Administrative Assistants, is not allowed.

Non-personnel Research Expenses: Some allowable expenses are: supplies, equipment (under limited circumstances), travel to research meetings, animal purchase cost and care, study subject stipends, study subject transportation costs, in- and out-patient care costs, and statistical and computational services including personnel and computer time. All expenses must be directly related to the proposed research. Unallowable costs are: general office supplies and equipment, computers and laptops (unless specifically requested and justified), membership dues and fees, subscription costs, mailing costs, rent, and other costs generally identified as facilities and administrative.

Facilities and Administrative Costs: Facilities and administrative costs, also known as indirect costs, are not permitted.

Subcontracts: Pass-through subcontracts to other sites are not permitted. A separate budget page should be submitted from all sites that are to share the grant funds. Subsequently, Harvard Catalyst will directly subcontract to all sites.

IX. Additional Information
Inquiries about the application process or scientific/research areas should be directed to child.health@catalyst.harvard.edu or 617-432-7810.

Inquiries relating to financial or grants management areas should be directed to Lucy Kolessin, Director of Finance and Research Administration (617-432-7804); lucy_kolessin@hms.harvard.edu.