**CFAR Diversity, Equity, and Inclusion Pipeline Initiative (CDEIPI)**

**September 2021**

**REVISED Request for Proposals**

**Goal**

The overarching goal of the CFAR Diversity, Equity, and Inclusion Pipeline Initiative (CDEIPI) is to increase the number of Underrepresented Minorities (URM) / Black, Indigenous, and People of Color (BIPOC) trainees who engage in HIV science and help develop pathways for successful careers in science and medicine. This will be achieved through supporting the development of new programs and the enhancement of existing programs within the CFAR network in partnership with Historically Black Colleges and Universities (HBCUs) and other Minority Serving Institutions (MSIs) throughout the United States.

**Background**

The HIV research field would greatly benefit by increasing diversity among doctorally-prepared scientists and physicians to engender and empower a heterogeneous scientific workforce that is more reflective of communities at highest risk of HIV. In response to this critical need and aligned with the mission of the NIH UNITE Initiative (Collins FS, Adams AB, Aklin C et al. Affirming NIH’s commitment to addressing structural racism in the biomedical research enterprise. Cell 2021; 184(12):3075-3079), a new CFAR-wide initiative is being launched to widen the pipeline of URM/BIPOC HIV scientists at the high school, undergraduate, graduate, and post-doctoral levels.

The CDEIPI will support the enhancement of existing programs and the development of new programs within the CFAR network in partnership with Historically Black Colleges and Universities (HBCUs) and other Minority Serving Institutions (MSIs) throughout the United States. While encouraging the creation of vibrant new training and mentoring programs for “CFAR Scholars” across the academic continuum, collectively the CDEIPI will build upon other well-established federally-supported initiatives to support URM/BIPOC HIV scientists including the CFAR Developmental pilot awards program, the ADELANTE project, the HIV Prevention Trials Network (HPTN) Scholars Program, the HIV Vaccine Trials Network Research and Mentorship Program (HVTN RAMP), the Mid-Atlantic CFAR Consortium (MACC) Scholars program, and the CDC Minority AIDS Research Initiative (MARI).

**CDEIPI Structure**

The CDEIPI Coordinating Center (CC) will be housed in the District of Columbia Center for AIDS Research (DC CFAR) and will include three Cores.

The Program Core will coordinate the proposal submission process and hold monthly virtual meetings with the designated CDEIPI leads at participating CFARs. This Core will be led by Dr. Anthony Wutoh, Howard University Provost and Co-Director of the DC CFAR Developmental Core; Dr. Lisa Bowleg, a nationally renowned scholar in intersectionality and Director of the DC CFAR Social and Behavioral Science Core; and Ms. Brandi Robinson, DC CFAR Developmental Core Senior Research Program Manager.

The Evaluation Core will coordinate a harmonized evaluation plan across the CFAR network and support CFAR-specific local evaluation approaches to document the scope and successes of this initiative. This Core will be led by Dr. Manya Magnus, Co-Director of the DC CFAR Clinical and Population Sciences Core and MACC Scholars Program.

The Administrative Core will provide administrative and fiscal support for this initiative and serve as the point of contact with the NIH CFAR Program Office and the other CFAR Directors and Admin Directors. This Core will be led by Dr. Alan Greenberg, DC CFAR Director and Ms. Patti Simon, DC CFAR Administrative Director.

**Proposals**

Respecting the CFAR principle of local control, each participating CFAR and its collaborating HBCU/MSI partner(s) will bring their unique set of innovative ideas, existing programs, expertise, location, partnerships and funding capacity to this initiative. Accordingly, CFARs should engage HBCU/MSI partners in the development of proposals based on identified areas of need. Each CFAR may submit a creative and innovative proposal ranging from $50,000 total cost, for smaller developmental programs, to $150,000 in total costs for a larger program outlining how they will utilize CDEIPI funds to support training and mentoring activities for “CFAR Scholars” in at least two of the four training levels: high school, undergraduate, graduate (masters, doctoral or medical) students, and post-doctoral trainees. CFARs wishing to propose partnerships with alternative institutions or organizations that serve URM populations or programs that focus on one training level may request permission to do so from the NIH CFAR Program Office.

Integration with existing local programs, leveraging existing partnerships or creating new partnerships with HBCUs and other MSIs, developing cross-cadre mentoring programs and a commitment to using existing developmental pilot award funds to support URM/BIPOC ESIs as a fifth component of this initiative are strongly encouraged. For CFARs that do not have a pre-existing relationship with an HBCU or MSI, the CDEIPI CC and the NIH can help facilitate this connectivity during proposal development. Individual CFARs may propose that their home institutions provide complementary support for their local initiatives.

Each CFAR will designate two investigators (preferably with demonstrated expertise in URM/BIPOC training programs) to serve as project leads for their CFARs, one as the point of contact with the CDIEPI Program Core and one as the point of contact with the CDEIPI Evaluation Core.

**Initial Proposals are due to the CDEIPI CC by October 15, 2021 (5:00pm EST).** The CDEIPI CC will ask for proposal titles to be sent by October 8, 2021 to assist in the virtual consultation planning.

**Presentation and Revision of Proposals**

Following the submission of proposals, the CDEIPI CC will convene virtual meetings on October 25 and 26 between 1:00-4:00pm EST for the CFAR leads to present their proposals and engage with each other for sharing of approaches, reciprocal critique, and exchange of ideas. Each CFAR will then consider feedback from each other and the NIH and be given the opportunity to revise their proposals to formulate their strongest and most innovative final proposals. CFARs may even choose to partner with other CFARs for one or more of their programs.

Investigators will have the opportunity to revise their proposals following the virtual consultation meeting. **Final proposals should then be routed administratively and sent to the CDEIPI CC by November 1, 2021 (5:00pm EST).**

**Review of Proposals**

With the support of the CDEIPI CC, the NIH will review the final proposals and determine the funding level for each award. Funding decisions will be communicated by mid-November with the subcontracting process to begin immediately thereafter from the CDEIPI CC to the CFARs.

**Review Criteria**

The following criteria will be used to review CDEIPI proposals:

1. Extent to which proposed activities leverage existing partnerships or create new partnerships with HBCUs, other MSIs, or, with NIH approval, alternative institutions or organizations that serve URM populations, and evidence of meaningful engagement of partners in the planning and implementation of the project (e.g., as co-investigators, in the project description, letters of support, budget).
2. Designation of two investigators (preferably with demonstrated expertise in URM/BIPOC training programs) to serve as project leads, one as the point of contact with the CDIEPI Program Core and one as the point of contact with the CDEIPI Evaluation Core.
3. Appropriateness and feasibility of the proposed project to address the goals of the CDEIPI, and degree to which strategies proposed in the application are likely to result in effective approaches that could inform best practices and are sustainable.
4. Description of how CDEIPI funds will be used to support training and mentoring activities for “CFAR Scholars” in at least two of the four training levels: (or with NIH approval, at one training level) high school, undergraduate, graduate (masters, doctoral or medical) students, and post-doctoral trainees.
5. Extent to which proposals clearly operationalize program activities and metrics, and provide primary outcomes of interest.
6. Criteria which the CFAR will use to evaluate the success of its CDEIPI projects.
7. Feasibility of completing the project within the project period.
8. Appropriateness of the budget, in consideration of the project described.
9. Evidence of institutional commitment, such as using existing developmental pilot award funds to support URM/BIPOC ESIs or complementary support for local initiatives.

**Awards**

CDEIPI funding is provided by the National Institutes of Health as a supplement to the DC CFAR (P30AI117970). Awards will range from $50,000 (total costs) for smaller developmental programs to $150,000 (total costs) for larger programs. Awards will be made for an initial period through May 31, 2022, and extended through November 30, 2022, pending the noncompeting continuation of the DC CFAR grant. Award funds can be used for a wide range of training and mentoring-related activities. A maximum of 20% of the award may be used for salary support for the two lead investigators, with the remainder designated to support the programs themselves. Please note that consistent with NIH policy guidelines, CFARs cannot develop subaward agreements with other organizations using these supplemental funds.

**Eligibility**

Currently funded CFARs can submit applications for this announcement (limited to one application per CFAR).

**Application Instructions**

CDEIPI applications should be prepared as if the PI is submitting an NIH R03 application, using the Forms F form-set associated with PA-20-200, the NIH Parent R03 FOA. Please also use the following CDEPI-specific guidance:

Page Limits

All page limits are as standard for an NIH R03. For specific information on page limitations for each section of the application see this NIH website: <https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/page-limits.htm#other>

Cover Letter Attachment

* + - CFAR Supplement Project Directors’ names
		- HBCU, MSI Partner, or, with NIH approval, alternative institution or organization that serve URM populations
		- CFAR Scholar training levels (high school, undergraduate, graduate, post-doctoral)
		- Total Cost amount of the requested supplement

Key Personnel

Include CDEIPI Project Directors and any other Senior/Key Personnel who are being added through this supplement, or for whom additional funds are being requested through this supplement; include a biographical sketch for each.

* + - Biographical Sketch for all Key Personnel. Please note the personal statement should be related to CDEIPI.
		- No Other Support.

Budget

Include a budget for the supplement with a justification that details the items requested, including Facilities and Administrative costs and a justification for all personnel and their role(s) in this project. Institutional support to assist in achieving the aims of the proposal is highly encouraged. Note the budget should be appropriate for the work proposed in the supplement request. All national CDEIPI activities will be conducted virtually during the first year. Therefore, conference travel expenses are not permitted. No third party or third tier subawards are allowed.

CDEIPI Program Strategy (8 pages)

* An introduction that clearly states the scope of the overall request, the anticipated contribution of the requested supplement, and how the project addresses the NIH HIV/AIDS Research Priorities (NOT-20-018). (1 page)
* Specific aims page must concisely state the goals of the proposed programs and summarize the expected outcome(s), including the impact that the results of the proposed activities will have on the overall CDEIPI goals. Aims described in the proposal should be feasible given the available time, funds, and resources to do the work. (1 page)
* The program strategy should include the background and rationale for the proposed application; a description of the activities to be undertaken, and roles of key staff; expected outcome of these activities; expected follow-up plan upon completion of the supplement; a description of how the supplement and follow-up plan are expected to achieve this outcome (“value-added”); and plans to monitor and evaluate the ability of the activities to achieve the outcome. Most importantly, applicants must clearly indicate how the proposed activities outlined in the supplement requests are expected to lead to development of the stated goals. Collaborations must be explained. (6 pages)
* Submit a letter(s) of support/collaboration endorsing the proposed request from all substantial participants.
* No appendices

**Application Submission**

Timeline / Deadlines

* Initial Proposal Due: October 15, 2021 (5:00pm EST)
* Virtual Consultation Meetings: October 25 and 26, 2021 (1:00-4:00pm EST)
* Final Proposal Due: November 1, 2021 (5:00pm EST)
* Estimated Notification of Outcome: November 12, 2021
* Project Period: December 1, 2021 – November 30, 2022

Proposals

Submit proposals by emailing a completed packet as a single .pdf document to: bnrobin@email.gwu.edu by **October 15, 2021 (5:00pm EST).**

Opportunity to Submit Revised Proposals

Investigators will have the opportunity to revise their proposals following the virtual consultation meeting. Revised proposals will only be accepted from applicants who have already submitted a proposal and have participated in the virtual consultation meeting. Submit final proposals by emailing a completed packet that has been signed by the Office of Sponsored Programs (or parallel office) official as a single .pdf document to: bnrobin@email.gwu.edu by **November 1, 2021 (5:00pm EST).**

**Application and Content Questions**

Ms. Brandi Robinson

CDEIPI Program Core Manager

bnrobin@email.gwu.edu

**Budget and Institutional Routing Questions**

Ms. Alia Murphy

Research Program Manager

amurphy@gwu.edu

**Reporting**

Awarded CDEIPI supplements will be required to submit a progress report to be included in the final report of the CDEIPI CC. Progress reports should include a summary of the supplement project, milestones met, and outcomes, including next steps.