



**CCTSI Community Engagement Pilot Grant Program (CE-Pilot)
2026 Award Cycle for Clinical Translational Science (CTS) Pilots- Request for Applications**

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I. Funding Opportunity Summary

The Colorado Clinical and Translational Sciences Institute (CCTSI) is pleased to announce funding opportunities for the eighteenth consecutive year. Funding for the CCTSI Pilot Programs is supported by the National Center for Advancing Translational Sciences (NCATS) and the University of Colorado School of Medicine Dean's Office, and the [Traystman Fund](#). The [CCTSI Community Engagement Pilot Grant Program \(CE-Pilot\)](#) provides 9- and 12-month awards to support community-engaged research and community based participatory research. The program supports community-academic research partnerships between community members and/or community organizations, and faculty of [CCTSI Affiliated Institutions](#). **For purposes of these pilot awards, applicants should provide evidence that the partner community is experiencing disproportionate impacts on health and health outcomes related to the research topic in your proposal.** Funded projects may encompass partnership development, project planning, capacity building as well as T3/T4 translational research projects which will readily enhance [translational science](#), and also provide insights that could be generalizable to other health-related areas. This includes research evaluating the translation of evidence-based interventions or practices into real world, clinical and community settings. **Projects designed to demonstrate that a health disparity exists are not appropriate for this grant program; rather, we are interested in funding solution-oriented projects focused on reducing differences in health outcomes across population groups or designed to understand how to decrease differences in health outcomes across population groups and increase health outcomes for all.** Projects must employ a community-based participatory approach that involves key community partners, including persons most affected by the research being proposed, as full partners, from conception to the research design; implementation, analysis, interpretation, and dissemination of research results. Projects that do not involve community engagement within the affected community and/or patient population throughout the research project will not be considered. Research that is not directly or indirectly related to improving human health is not supported. Revisions of unfunded applications from prior years are encouraged as long as they address new NCATS requirements in addressing translational roadblocks (see below) and all revised proposals are considered new applications, rather than resubmissions.

Community-Academic partnerships may apply for either a Partnership Development Award or a Joint Pilot Award:

- a) **Partnership Development Awards** provide seed funding to support activities related to the development of new or emerging community-academic research partnerships.
- b) **Joint Pilot Awards** are open to established community-academic partnerships who seek funds for a well-defined translational research project that may produce preliminary data for future competitive grant applications and show a commitment to sustain a community-academic partnership aimed at bi-directional capacity-building, improving research and supporting communities to create positive change, and which addresses a translational science roadblock/barrier.

II. Key Information

<u>Award Categories:</u>	Partnership Development Joint Pilot Project	\$8,000/award \$30,000/award
<u>Award Period:</u>	Partnership Development Joint Pilot Project	9 months, August 1, 2026–April 30, 2027 12 months, August 1, 2026–July 31, 2027
<u>Administrative Contacts:</u>	Yuliza Hernandez Trailhead Institute Project Manager yhernandez@trailhead.institute	Jennifer Greig CCTSI CE Administrative Coordinator jennifer.greig@cuanschutz.edu

III. Important Dates

11/19/2025:	RFA Release Date
12/12/2025:	Applicants Webinar/Conference Call*
01/26/2026:	Mandatory Intent to Apply Form Deadline for both types of CE Pilot Grants
02/27/2026:	Application Submission Deadline for both CE Pilot Grants
June 2026:	Anticipated Notice of Selection
Aug 2026:	Mandatory Community Engagement Training
08/01/2026:	Award Start Date
04/30/2027:	<i>Partnership Development Award End Date</i>
07/31/2027:	<i>Joint Pilot Award End Date</i>

Applicants Webinar / Conference Call:* Specific questions not addressed in the RFA or website FAQs may be asked during the applicants' webinar/conference call. Specific information about partnerships, funding allocations, community partner fiscal relationship with Trailhead Institute, etc. will be covered during the webinar. **Details and Zoom links are located on the left sidebar of the [CCTSI Community Engagement Pilot Grant Program \(CE-Pilot\) webpage](#).** The webinar includes a presentation about the program, application and review criteria, and resources plus an open Q&A session with the program managers.

*NEW Mandatory Applicant Webinar: Each applicant will be required to attend the Applicant Webinar for better understanding of the CE Pilot Grant mechanisms. **Participation in the webinar is mandatory.** If you are unable to attend, a link to the recorded session will be provided. When submitting your LOI, you will be asked to attest that you either attended the live session or reviewed the recording.

IV. Background

The CCTSI Pilot Grant Program was initiated in 2009 and is supported by the National Center for Advancing Translational Sciences (NCATS), the University of Colorado School of Medicine Dean's Office, and the [Traystman Fund](#). Through NCATS, [The Clinical and Translational Science Awards \(CTSA\) Program institutions](#) work hand in hand with community leaders to build strong relationships, understand community needs and improve community health. The CTSA Program institutions have long prioritized engaging communities in the research process. This commitment to community engagement accelerates clinical research, expands treatment delivery and speeds the response to public health challenges. The [Partnership of Academicians and Communities for Translation \(PACT\)](#) within the CCTSI Community Engagement (CE) Core is dedicated to advancing community engagement in research as a critical step in narrowing the gap between what we know based on research discoveries and what we actually do to improve health and healthcare. Two related PACT core competencies are, 1) Grow and build trusting relationships: A commitment to engage and sustain diverse relationships between community and university, aimed at building capacity, for the sake of changing how research gets done and to empower communities to create positive outcomes and, 2) Partnership Development: Supporting relationships between communities and academics to co-develop, co-implement, and co-disseminate translational research to remedy imbalances in influence or participation and facilitate shared value among all partners. Accordingly, the funding referred to in this RFA is intended to build capacity in community-academic partnerships, using community-based participatory research (CBPR) principles to translate evidence-based interventions or practices from efficacy studies into effective implementation at the community or clinic level. For purposes of these pilot awards, applicants should provide evidence that the partner community is experiencing disproportionate impacts on health and health outcomes related to the research topic in your proposal.

This RFA was designed with the following federal guidance in mind, which apply to both federal and non-federal awards for the University:

- **Advancing NIH's Mission Through a Unified Strategy** (2025-08-15): *Going forward, the NIH will prioritize research that goes beyond measuring health disparities to focusing on solution-oriented approaches. This includes actively testing, advancing, scaling, and implementing innovative evidence-based interventions and treatments that address poor health outcomes.*
<https://www.nih.gov/about-nih/nih-director/statements/advancing-nih-mission-through-unified-strategy>
- **Revised NIH Policy and Guidelines for Inclusion of Women and Members of Racial and/or Ethnic Minority Groups in Clinical Research** (implemented 2025-08-16):
<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-131.html>
- **Leading in Gold Standard Science** (2025-08-22).
<https://www.nih.gov/about-nih/nih-director/statements/nih-publishes-plan-drive-gold-standard-science>
- **Department of Justice Memo by Attorney General Bondi** (2025-07-29).
<https://www.justice.gov/ag/media/1409486/dl>
- **NIH's Notice of Civil Rights Term and Condition of Award** (not current binding –
<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-090.html>

Applications not aligned with federal funding priorities - at the time of award - or those not eligible to be accepted by your home institution if funded, cannot be funded.

What is community-engaged research?

The [National Institute of Health's Community Engagement Alliance](#) defines community-engaged research as: bringing people in local communities into the research process, especially those who will benefit from or be impacted by the research. The idea is that people and communities become equal partners in how the study is designed, conducted, analyzed, and shared with the world.

What is Translation?

The National Center for Advancing Translational Sciences (NCATS) defines translation as: the process of turning observations in the laboratory, clinic and community into interventions that improve the health of individuals and the public — from diagnostics and therapeutics to medical procedures and behavioral changes.

There is a significant gap between the health and healthcare interventions generated through research and the everyday application of those interventions in communities and clinical practice. Often, scientific discoveries are generated through research practices that fail to consider how discoveries will reach and be utilized by real people within the context of their busy and complicated lives, resulting in inefficiencies that delay the translation of discoveries into every-day practice. **These inefficiencies are called 'translational gaps', or 'roadblocks'.**

In recent years, we have been able to address some of these 'translational roadblocks' by developing and conducting research in full partnership with the people who are most affected by the issues being studied. Patients and community members involved in the research design, implementation, and dissemination of research findings back into the community has emerged as a reliable method of generating research discoveries that matter to communities, meet the needs of patients, are applicable in routine clinical practice, and improve health outcomes. The translation of a basic discovery to an improvement in public health requires cross-disciplinary teams of scientists, clinicians, patients, communities, and other stakeholders with wide-ranging expertise and perspectives. **Health research is evolving beyond the practice of including patients and communities as research subjects, to including them as research partners.**

V. Funding Priorities and Requirements

- **Applicants must propose work conducted within a partnership between academic researcher(s) and community organization(s) or individual(s)** (please see definition of community in **Section VIII**). Projects must employ a community-based participatory approach that involves key community partners, including persons most affected by the research being proposed, as full partners, from conception to the research design, implementation, analysis, interpretation, and dissemination of research results.
- We are interested in applications that address issues of improved access to effective care for a broad range of populations, and fully engage patients, community partners, and community members who are disproportionately impacted by differences in health outcomes across population groups.
- Funding priorities align with the [Make America Healthy Again initiative](#) and welcome proposals focused on addressing chronic health conditions such as asthma, allergies, obesity, diabetes, autoimmune diseases, or behavioral disorders.
- **In alignment with [NIH, proposals must promote research focused on scientifically valid, measurable health outcomes](#):**
 - “NIH will continue to support research that advances the health of all Americans, regardless of their age, race, ethnicity, sex, sexual orientation, or other characteristics. To conduct meaningful biomedical research, scientists must consider both individual and external factors that influence health outcomes, guided by the needs of the specific research question. Some relevant personal characteristics may include demographic indicators such as race and sex, while some contextual factors, like environmental exposures and socioeconomic conditions (e.g., poverty), may also be scientifically significant. Any distinctions made in study design must be directly relevant to the health outcomes under investigation. NIH will support scientifically rigorous research that considers these factors when they are scientifically justified and aligned with the study’s objectives.”
- **All Joint Pilot Project applications must also address a translational science roadblock (see **Section VI.B. below**).** This requirement does not apply to Partnership Development grants, though applicants are encouraged to think about how the partnership might eventually result in a research project that addresses a translational roadblock.
- **Applications should focus on T3/T4 Translational Research:**

T3 research explores ways of applying evidence-based recommendations or guidelines in general practice. T3 research yields knowledge about how interventions work in real-world settings.

Approaches include:

 - Health Services Research
 - Dissemination
 - Communication
 - Implementation
 - Clinical Outcomes Research
 - Community-engaged research

T4 research studies factors and interventions that influence the health of populations. T4 research ultimately results in improved population health.

Approaches include:

 - Population-level Outcome Studies
 - Social Determinants of Health

- Proposed projects may be clinical, and/or focused on health promotion and disease prevention strategies (e.g., is intervention or treatment X more effective than intervention or treatment Y when translated into real-world settings? What are the challenges to using a particular intervention or treatment?); or more policy-oriented (e.g., what is the effectiveness of different community-based dissemination modalities or policies on the use of interventions or practices?).
- Projects must be completed within the time period outlined in this RFA, no-cost extensions (NCE) will **not** be allowed. Activities for Partnership Development and Joint Pilot Projects are outlined in Award Categories (Section VII).

If you are unsure whether your topic falls within the scope of this RFA, or would like advice regarding best practices and application pre-review processes, please contact Kaylee Gordon @kaylee.gordon@cuanschutz.edu for consultation.

VI. Award Categories

The Community Engagement Core expects to fund pilot projects in two categories. Applicants may apply for **one** of the two funding categories (not both):

A – Partnership Development (PD) Projects are intended to support **new or developing community-academic partnerships** over a nine-month period dedicated to relationship building, exploration of shared areas of interest, creation of a partnership structure, identification of a specific research collaboration, and the development of a research plan for future submission as a one-year Joint Pilot Project. While successfully funded Partnership Development projects are expected to have time and effort allocated to develop a Joint Pilot research plan, this deliverable is flexible based on the wants and needs identified by the partnership throughout the Partnership Development project. The partnership may use this time to apply for alternative extramural funding that best fits its short- and long-term goals. Applicants for Partnership Development Projects may request up to \$8,000 (total budget for Community and Academic co-Principal Investigators combined). Applications exceeding \$8,000 will not be considered. Applicants should consider allocations of a minimum of fifty percent (50%) of requested funds to the Community Co-Principal Investigator.

Activities for Partnership Development Awards may include, but are not limited to:

- Building relationships between partners (e.g., facilitating formal and informal meetings for partners to learn more about each other, to explore the involvement of other potential partners, and to discuss how the partners will adopt and use shared collaborative principles and operating norms).
- Exploring shared research interests and identifying capacity building needs (e.g., identifying partnership research priorities, determining nature of collaborative research approach that will be used, delineating capacity-building needs, participating in trainings and/or ongoing mentoring opportunities).
- Developing an Advisory Committee and/or other appropriate partnership infrastructure mechanisms (e.g., defining roles and responsibilities, developing communication and decision-making mechanisms, policies and procedures; developing a set of collaborative participatory research principles to guide decisions regarding various aspects of the research process).
- Evaluating the partnership process (e.g., collecting data to assess how and to what extent the partnership is achieving its goals, and the challenges and facilitating factors associated with developing, maintaining and sustaining the partnership).
- Developing a research plan for a Joint Pilot Project.

B – Joint Pilot (JP) Projects are open to **established community-academic partnerships** who seek funds for a well-defined translational research project that will **produce preliminary data for future competitive grant applications** and show a commitment to sustain a community-academic partnership, and which addresses a translational science roadblock. Applications should prioritize bi-directional capacity-building, improving research and supporting communities to improve improved access to effective care for a broad range of populations and decreased differences in health outcomes across population groups. Successful Joint Pilot Projects are funded at **\$30,000** (total budget for Community and Academic co-Principal Investigators combined). Applications with budgets exceeding \$30,000 will not be accepted. Applicants should consider allocations of a minimum of fifty percent (50%) of requested funds to the Community co-Principal Investigator.

Activities for Joint Pilot Projects include, but are not limited to:

- T3/T4 translational activities described in Section V
- Data collection and/or analysis of community-specific information or other quantitative and qualitative data.
- Disseminating and translating research findings (e.g., development and implementation of appropriate dissemination tools, such as, fact sheets and policy briefs, to community and academic audiences and to policymakers).
- Studies of the community translation process, including studies of dissemination methods.

Translational Science Roadblocks

All Joint Pilot proposals **must describe** (in “Project Significance” and “Approach”) the “translational science roadblock” that your project will be addressing and how the results from this project could potentially be generalized to improve other areas of translational science (e.g., processes used to make research more efficient) and address translational science roadblocks, such as:

- Developing or testing novel methods, processes or study designs to address differences in health outcomes across population groups
- Developing and testing new tools for engagement of communities and populations with less access to services
- Developing or testing processes to improve enrollment of all or impacted populations in a hypothesis-driven research pilot study
- Using novel methods to translate findings from the laboratory, clinic, or community into treatments and interventions
- Enhancing the design and conduct of clinical trials so the results more accurately reflect the patient population generally affected by a disease (to enhance clinical relevance)
- Developing data acquisition methods or post-processing that will facilitate use of complex technologies and datasets in clinical research
- Novel use of informatics or big data to answer important clinical questions
- Developing or testing novel methods in early stage (Phase 1-2) clinical trials to make the trial more efficient
- Developing or testing models that better predict a person’s response to treatment

It should be noted that in most small clinical research projects there are specific “translational science roadblocks” that need to be overcome:

- improved study design by improving rigor and transparency in major generalizable areas of translational discovery
- technical execution of complex mechanistic studies in humans or animal models
- challenges to data acquisition, integrity and analysis
- translational barrier from animal models to human trials; or between adult and pediatric patient populations
- timely participant recruitment and retention
- enhanced recruitments and engagement of populations with less access to services populations

VII. Available Funding

All CE Pilot awards are contingent upon funding made available to the CCTSI from the NCATS, and the CU SOM Dean's Office and the Traystman Fund.

The CE Core expects to fund pilot projects in two categories:

- A. Partnership Development Projects - at \$8,000 total cost per 9-month project
- B. Joint Pilot Projects – at \$30,000 total cost per 12-month project

Partnerships may only submit an application for **one** of the two funding categories (not both). **Indirect costs are not permitted.** The number of awards in each category varies each year depending on the merit of applications in each category. The funding rate for CCTSI Pilot Grant Awards has averaged 19-27% over the past three years, similar to or better than NIH funding rates.

VIII. Definitions

CCTSI Partnering and Affiliated Institutions: University of Colorado Denver, University of Colorado Anschutz Medical Campus, University of Colorado Boulder, Colorado State University, University of Colorado Hospital, Children's Hospital Colorado, National Jewish Health, Denver Health and Hospital Authority, Kaiser Permanente, and the Rocky Mountain Regional VA Medical Center.

Principal investigator: means the individual(s) is judged by the applicant organization to have the appropriate level of authority and responsibility to direct the project or program supported by the grant and who is or are responsible for the scientific and technical direction of the project. This role is responsible for co-writing, co-submitting and co-managing all aspects of the grant, including financial management.

- **Academic co-Principal Investigator:** Any researcher who holds a faculty appointment within a CCTSI Partnering Institution. See above for a list of CCTSI Partnering Institutions.
- **Community co-Principal Investigator:** An individual who serves as a representative for the community and/or belongs to a community-based organization that is serving the affected population. "Community" refers to community members, persons affected by a condition/issue being addressed or studied, and other key community stakeholders, including community-based health practitioners and community-based organizations. Please consult with us if you have any uncertainty about whether a partner qualifies as a Community co-Principal Investigator.

Clinical Trial: A research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes.

Clinical Trial Phases 1-4: The stage of a clinical trial studying a drug or biological product, based on [definitions](#) developed by the U.S. Food and Drug Administration (FDA). The phase is based on the study's objective, the number of participants, and other characteristics. There are five phases: Early Phase 1 (formerly listed as Phase 0), Phase 1, Phase 2, Phase 3, and Phase 4. Not Applicable is used to describe trials without FDA-defined phases, including trials of devices or behavioral interventions. **Any clinical trials proposed in CCTSI Pilot Grant Applications are restricted to Phase 1 through Phase 2B.** Phase 3 or Phase 4 clinical trials will not be supported by this grant mechanism.

Community: We define community and/or community partners broadly as a **group of people self-identified by characteristics such as geographic location, age, occupation, social and/or cultural ties; those who share common perspectives (or a common cause); and/or those who engage in joint action in geographical or virtual settings.** For purposes of these pilot awards, applicants should provide evidence that the partner community is experiencing disproportionate impacts on health and health outcomes related to the research topic in your proposal.

Community-Based Participatory Research (CBPR): A collaborative approach to research that authentically involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate differences in health outcomes across population groups.

Community Engagement: Community engagement is a collaborative process through which communities and researchers work together to solve mutually recognized problems and build on strengths that each party brings to the collaboration. Community engagement involves engagement of the affected populations and/or patients within the community. CBPR is a method for community engagement. Other methods include community service, service-learning, training and technical assistance, coalition-building, capacity-building, and economic development.

Efficacy: An intervention's ability to do more good than harm among the target population in an ideal setting (e.g., randomized controlled clinical trial or community-level trial).

Effectiveness: An intervention's ability to do more good than harm for the target population in a real-world setting.

Evidence-based: An intervention has undergone sufficient scientific evaluation to be proven to be efficacious or effective (e.g., intervention is considered valid or "proven" because it is strongly linked to desirable outcome).

Human Subject Research (HSR): Research involving direct and/or indirect interaction with human participants, biospecimen, samples, existing data sets, etc. (including exempt studies). In some cases, this may include identifiable and deidentified data, and may include analysis of specimens that may have been collected for another study.

Intervention: An intentional action (singular or constellation) designed for an individual, a community, or a region that alters a behavior, reduces risk, or improves outcome. Interventions can be a medical or behavioral therapy, modification to the natural or built environment, including engineering controls, public health policy, public health program, health communication, or public health law.

Junior Investigator: An investigator within the first 2 years of completion of a degree with a full-time faculty appointment at one or more CCTSI-affiliated institution(s). Junior Investigators will be required to enter into a Mentor/Mentee Relationship throughout the CCTSI Pilot Project period. A letter from the Mentor must be included in the application materials.

Key Roles: Individuals who accept primary responsibility for the research design and/or execution, including Academic co-Principal Investigator, Community co-Principal Investigator.

Mentor: Mentors should have adequate knowledge, skills and training to guide mentees to successful community-engaged research projects and future funding. Competency areas for mentors of junior clinical and translational science investigators are divided into six thematic areas: (1) Communication and managing the relationship, (2) Psychosocial support, (3) Career and professional development, (4) Professional enculturation and scientific integrity, (5) Research development, and (6) Clinical and translational investigator development (Abedin, Biskup, Silet, et al, 2012). See <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3476465/> for guidance and additional information.

Non-Key Roles: Individuals who may offer support for the research study (with or without salary) but who do not have responsibility for the research design and/or execution may include: Professional Research Assistants (with or without salary), program/project managers, interpreters/translators, lab staff, students, community members, community guides, tech support, fellows, consultants and directors of institutional core facilities, individuals offering fee-based services.

IX. Eligibility

1. Applications must be developed and submitted jointly by the academic and community partners. Both the community and academic will be considered co-Principal Investigators on the grant.
2. Academic co-Principal Investigators must have a full-time faculty appointment at one or more CCTSI Partnering Institution(s).
 - a. Academic co-Principal Investigators must be eligible according to the [PI Eligibility by Academic Rank table](#). If you have eligibility question for atypical ranks, please contact CCTSI.
 - b. Volunteer Faculty positions are not eligible to apply for awards.
 - c. Graduate students, undergraduate students, and Clinical Research Professionals are encouraged to participate in Non-Key Roles.
 - d. Post-doctoral trainees are not eligible to serve as the co-Principal Investigator for CE Pilots.
 - e. Investigators who are not with a [CCTSI Partnering Institution](#) are not eligible to be in a Key Role but may collaborate with an eligible CCTSI Partnering Institution PI in a Non-Key Role.
3. Community co-Principal Investigator – an individual who is part of the affected community or belongs to an organization that works directly with the affected community.
 - a. “community” refers to community members, persons affected by a condition/issue being addressed or studied, and other key community stakeholders, including community-based health practitioners and community-based organizations
4. An individual may be included in a Key Role on only one application in an award year between the Colorado ([CO-Pilot](#)), Child and Maternal Health ([CMH-Pilot](#)), and Community Engagement ([CE-Pilot](#)) Pilot Grant Programs. This restriction is not applicable to the Translational Methods ([TM-Pilot](#)) Pilot Grant Program, nor to Non-Key Roles. Key Roles are defined in each program’s RFA. Please refer to **Definitions (Section IX)** of this RFA.
5. Researchers who are housed at or working on behalf of CCTSI Partnering Institutions (See list above) are considered **academic** researchers.
6. ***Academic researchers who are submitting/listing on pilot grant applications must become members of the CCTSI in order to submit the application.*** A simple membership application can be found at the following Web site and entitles you to access various CCTSI resources but does not obligate you to participate in any studies or activities: <https://cctsi.cuanschutz.edu/funding/membership>. Community applicants also are encouraged to become CCTSI members, but membership is not required prior to submitting applications.
7. All awarded projects which include Human Subject Research are subject to Institutional Review Board (IRB) policy, **and some projects may require NIH/NCATS prior-approval before award funds can be spent on research activities involving human subjects.**

X. Exclusions/Restrictions

The following exclusions/restrictions apply to CE-Pilot Grant Awards:

- Projects designed to demonstrate that a health disparity exists are not appropriate for this grant program; rather, we are interested in funding projects focused on reducing differences in health outcomes across population groups or designed to understand how to decrease differences in health outcomes across population groups and increase health outcomes.
- **Projects that do not involve community engagement within the affected community and/or patient population throughout the research project will not be considered.**
- Renewals or follow-on funding requests from previously funded Partnership Development or Joint Pilot projects will not be considered. However, revisions of previously *unfunded* applications from earlier cycles are welcome.
- For Partnership Development Awards: applications from partners who have a long history of prior work together will be considered nonresponsive.
- Proposals focused on a community without providing evidence of their experiencing disproportionate impacts on health outcomes related to the proposed research topic will be considered nonresponsive.

The following exclusions/restrictions apply to all CCTSI Pilot Grant Awards:

- An individual may apply in a Key Role on only one application in an award year between Colorado ([CO-Pilot](#)), Child and Maternal Health ([CMH-Pilot](#)), and Community Engagement ([CE-Pilot](#)) Pilot Grant Programs. This restriction is not applicable to the Translational Methods ([TM-Pilot](#)) Pilot Grant Program, nor to Non-Key Roles. Key Roles are defined in each program's RFA. Please refer to **Definitions (Section IX)** of this RFA.
 - Projects with primary research sites that are outside of the state of Colorado (or outside of the United States) will not be considered.
 - Academic Junior Investigators who have not identified a mentor and included a letter of support in the application will not be considered. Please refer to **Definitions (Section IX)** for details on what is required of the junior investigator, or mentee, and the mentor.
 - Any clinical trials proposed in CCTSI Pilot Grant Applications are restricted to Phase 1 through Phase 2B. Phase 3 or Phase 4 clinical trials will not be supported. Please refer to **Definitions (Section IX)** of this RFA.
 - Indirect costs (F&A) are assessed internally by CCTSI after projects are selected for funding. Do not include indirect costs (F&A) in the application.
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XI. Application Process

There are two steps to applying for CCTSI Pilot Grant Funding. All submissions are time stamped upon submission. Items received after the 5pm deadline will not be accepted. **Early submission is strongly encouraged.**

Step 1) Intent to Apply Form (LOI)

This online form collects minimal information about the proposal for development of review panels and takes 10-20 minutes to complete. The Intent to Apply Form is used to determine level of participation and assist review planning or eligibility of applicants for full application. We may contact applicants for additional information following the screening of LOIs. While submission of the Intent to Apply Form (LOI) is mandatory, the information collected is not binding and minor changes may be made at the time of application.

The “Save and Return Later” button at the bottom of the online form allows applicants to access and revise information as often as needed up until they click “Submit.” **Applicants who do not submit an Intent to Apply Form by the deadline stated above will not be eligible to submit a full application.** Upon submission, both co-Principal Investigators should receive an immediate confirmation email, which includes a unique link to the online Application Form.

There are no restrictions on the number of Intent to Apply Forms submitted by an individual investigator; however, the investigator and other individuals listed in Key Roles may apply for only one project across the current Colorado (CO-Pilot), Child and Maternal Health (CMH-Pilot), and Community Engagement (CE-Pilot) Pilot Grant Program award cycle (see XI. Exclusions/Restrictions).

Access the **Intent to Apply Form (LOI)** by clicking the “Intent to Apply (LOI)” button on the [Community Engagement Pilot Grant Program \(CE-Pilot\)](#) webpage. **Due by 5pm Mountain Time on January 26, 2026.**

Step 2) Application Form

Individuals who submit the mandatory Intent to Apply Form (LOI) will immediately receive a unique link to the proposal’s Application Form via email. The “Save and Return Later” button at the bottom of the online form allows applicants to access and revise information as often as needed up until they click “Submit.” Upon submission, both co-Principal Investigators should receive an immediate email confirmation, including a PDF of the full application submission. Once submitted, applications are considered final and cannot be modified – no exceptions.

If you have any questions about using the CCTSI online submission system, please contact Kristen House (Kristen.House@cuanschutz.edu) for assistance.

Access the **Application Form** using the unique link that is emailed to the PI after submitting the LOI. **Due by 5pm Mountain Time on February 27, 2026.**

Application Guidelines: Applications must align with federal guidance referenced in this RFA (section IV Background).

Key Principles for Proposal Alignment

Research that focuses on comparing specific demographic groups or enrolling a specific group may be allowable under certain circumstances. To align with federal policy, grant proposals should be carefully prepared with attention to the following three key areas:

1. Strong Scientific Premise
2. Solution-Oriented Approach
3. Aligned Terminology

1. Frame the problem with a **strong scientific premise**

- Proposals must clearly articulate the scientific rationale with justification in a way that ultimately promotes "better health for all." **Expectation:** Please provide references and highlight the sections that provide a strong scientific premise (usually by underlining or bolding).
- **Justify Inclusion of Specific Groups:** If the project includes one specific race and/or ethnicity or sex, provide scientific evidence of the disparity. Please include extensive references and highlight grant section that provides scientific rationale.
 - From NIH Inclusion policy (section B, #1): *"If the data from prior studies strongly support the existence of significant differences of clinical or public health importance in intervention effect based on sex, racial and/or ethnic, and relevant subgroup comparisons, the primary question(s) to be addressed by the proposed NIH-defined Phase 3 clinical trial and the design of that trial must specifically accommodate this."*
 - From Advancing NIH's Mission Through Unified Strategy: *NIH will continue to support research that advances the health of all Americans, regardless of their age, race, ethnicity, sex, sexual orientation, or other characteristics. To conduct meaningful biomedical research, scientists must consider both individual and external factors that influence health outcomes, guided by the needs of the specific research question. Some relevant personal characteristics may include demographic indicators such as race and sex, while some contextual factors, like environmental exposures and socioeconomic conditions (e.g., poverty), may also be scientifically significant. Any distinctions made in study design must be directly relevant to the health outcomes under investigation.*
 - *NIH will support scientifically rigorous research that considers these factors when they are scientifically justified and aligned with the study's objectives. In contrast to research that considers race or ethnicity when scientifically justified (described in the paragraph above), research based on ideologies that promote differential treatment of people based on race or ethnicity, rely on poorly defined concepts or on unfalsifiable theories, does not follow the principles of gold-standard science.*
- **For community-engaged research:** Similar to above, provide references and evidence that there is a strong scientific premise for the proposed setting and/or community(ies). **For all types of research:** See the new gold standards (from NIH) and indicate in your methods how your approach aligns with this guidance.
- Focus on improving service delivery and community collaboration without attributing root causes to systemic bias/racism or historical oppression.

2. Propose a **solution-oriented approach**

The NIH's latest strategy prioritizes research that moves beyond measuring health disparities to actively test, scale, and implement innovative, evidence-based interventions. A solution-oriented approach is a preference. Please highlight solution-oriented approach (usually by underlining or bolding).

- **Expectation:** Please highlight the sections that either provide a solution-oriented approach (by underlining or bolding) or discuss the implications for such. **See the new gold standards (from NIH).**
- **Focus on Innovation, Collaboration, and Capacity-building:** Frame solutions around these concepts to improve outcomes for defined groups, such as those with a “high burden of disease.”
- If analyzing secondary data or an observational study, focus analyses and interpretation on **implications for solution-oriented approaches**, as well as ‘health for all’.

3. **Ensure terminology is aligned with the latest federal guidance.**

Language in the proposals should align with federal guidance, avoiding flagged terms while ensuring that the scientific concepts align with current federal policy and priorities (see #1 and #2 above).

- **Expectation:** Please review all federal guidance referenced in this RFA and ensure your language is appropriately aligned.

Proposal Formatting Guidelines

- A. Applications must be submitted online (using the unique application link sent to you in your Intent to Apply Form confirmation email) as a **single document** in Adobe PDF format.
- B. Applications will require some information to be completed online (contact information, a 250-word maximum abstract, selection of where in [the IAP2 Community Engagement Spectrum](#) your proposal fits and a summary of the funding request) and some will be completed offline and uploaded in PDF format.
- C. The 250-word abstract must include: the health issue that is being addressed with evidence of the impact on affected populations, basic description of the partnering community, and a statement of objectives.
- D. Offline portions of the applications must be written in Arial, 11- point font.
- E. Offline portions of the applications must be single-spaced with one-inch margins.
- F. Offline portions of the applications must include page numbers in the footer.
- G. Application files must follow this naming convention: CE-PD/JP-LastNameAcademic-LastNameCommunity
- H. Applications may not exceed 7 pages; not including the bibliography and additional appendix materials.
 - a. Applications must include a bibliography with all references cited throughout your application. Combined into the one PDF submitted in REDCap
 - b. Applications may include additional items outside of the 7 pages within an appendix. These must be compiled as a single appendix (meaning all documents must be merged into one PDF document to be combined with the application PDF).The appendix can include:
 - i. Up to two letters of support/commitment
 - ii. Up to two Memorandums of Understanding (MOUs)
- I. Academic co-Principal Investigators will be required to submit a current NIH Biosketch.
- J. Junior Investigators must submit a letter from a Mentor outlining the support the Junior Investigator will receive from the Mentor. See **Definitions (Section VIII)** for the definition of a Junior Investigator.

XII. Review Process

A Review Committee comprised of academic and community reviewers experienced in community engaged research and collaborative stakeholder-informed research will review grant applications, giving preference to those that represent true co-creation of community and academic partners in the research process, improve research translation at clinic or community level, and decrease differences in health outcomes across population groups while meeting the criteria outlined in this RFA. Applications should be well written, precise, succinct, and should answer all questions **in the order in which they are presented** in the application. All applications will be evaluated by community *and* academic reviewers.

After reviews and scores are finalized, proposals in the fundable range will be reviewed by the Institutional Committees overseeing all grant funded projects. During this review period, applicants may be asked to engage in the review process and ensure proposals reflect all current federal guidelines. Once institutional approvals are received, the final slate will go to the PACT and CCTSI Executive Committee for final approvals and funding allocations.

XIV. Review Criteria

Scoring criteria will include: potential for building strong working partnerships, adherence to the RFA requirements, a well-demonstrated conceptual understanding of the principles of community engaged research, project focus, project outcomes related to community-engagement, partnership development, translational research and differences in health outcomes across population groups. For Joint Pilot Projects, scoring criteria will include quality of the study design and measurement methods within the framework of collaborative research collaboration and probability of extramural funding, if successful. Additionally, Joint Pilot Projects will be scored on:

- **Significance** to the CCTSI Vision to “Accelerate and catalyze the translation of innovative science into improved equitable health and patient care for all.”
- **Translational Science Roadblock:** How well does the Pilot proposal address a translational science roadblock that could be generalizable to other research studies.

Funding recommendations will be based on an assessment of the merits and potential impact of each application and a comparison of the budget request to the proposed work plan, which will be reflected in a numerical score by which applications will be ranked. Previous adherence to CCTSI CE pilot grant program requirement will also be considered, if applicable. Applications will be funded in order of rank until funding is exhausted. The Review Committee will present funding recommendations to the PACT and the CCTSI Executive Committee for approval. All funding decisions are final. Brief, written feedback will be provided to unfunded applicants.

XV. Award Requirements

All CCTSI Pilot Grant awards are distributed after CCTSI, institutional, and federal pre-approval requirements have been met:

- A. Applicants are strongly encouraged to demonstrate capacity in their application to obtain regulatory approvals upon Notice of Award Selection (June) to avoid delays in releasing award funds (August).
- B. **Institutional Approvals:** Awardees must obtain research approval from appropriate institutional review bodies, such as COMIRB, Colorado Child Health Research Institute, CSU IRB or any other regulatory group relevant to their project. If a funded project will use [Clinical Translational Research Center \(CTRC\) Services](#), Principal Investigators must obtain Scientific Advisory and Review Committee (SARC) approval. CTRC resources include inpatient/outpatient research facilities, clinical research nursing support, nutrition research support, exercise research laboratory, and CTRC Core Lab support.
- C. **NIH/NCATS Prior-Approvals:** Some pilot projects involving Human Subject Research (HSR) may require additional review by the National Center for Advancing Translational Sciences (NCATS) prior to initiating research activities. Contact Kristen House (Kristen.House@cuanschutz.edu), for details.
- D. **Funded Community and Academic co-Principal Investigators must attend all specified mandatory workshops or trainings as defined by the CCTSI Community Engagement Core and agree to participate in project-specific Facilitated Coaching Session(s).**
 - a. A **mandatory in-person training session** will be held in August shortly after the notice of award. Attendance by both the Academic and Community co-Principal Investigators is required. **Consider budgeting for travel to attend.**
 - b. Funded Community co-Principal Investigators and Academic co-Principal Investigators must attend a mandatory finance and administration webinar ahead of the award start date. We encourage you to invite your financial administrator to attend with you.
- E. All funded grantees are required to submit a mid-project progress report and a final progress report at the end of the project that evaluates the community-academic partnership, the community engagement process, project implementation, project results, and lessons learned.
- F. An additional report is required one year later, detailing progress to date and all submitted publications and grant applications (pending or funded) relating to the pilot project.
- G. Grantees agree by their acceptance of this funding to identify, and budget for, an opportunity for the partnership to disseminate project outcomes back to the community and prepare a short recorded presentation at a PACT Meeting. Awardees also are strongly encouraged to accept invitations to networking events designed to disseminate project outcomes.
- H. Awardees are expected to publish their findings in scholarly peer-reviewed journals, present at professional meetings, and share findings with relevant communities through established communication channels (i.e., community events, newsletters, local news publications, etc.). Investigators are responsible for submitting any peer-reviewed journal articles resulting from research funded by this award to PubMed Central, the NIH digital archive of biomedical and life sciences journal literature. Investigators must cite the CCTSI NIH grant numbers on all publications.
- I. **Spending Account Setup:** CCTSI will coordinate the spending account setup for each project at the Academic co-Principal Investigator's institution, including speedtypes. Funding account number(s) are included in the official Notice of Award. Community Co-Principal Investigators funds will be administered via reimbursement through Trailhead Institute.
- J. **Intellectual Property and Products:** Applicants are reminded to avoid public disclosure (text or verbal) of results without first determining if intellectual property exists, as this may result in a lost opportunity to protect and commercialize any invention. PIs are encouraged to contact CU Innovations Office (303-724-0221) to discuss the possibility of intellectual property (including patents), publications, and presentations

prior to receiving CCTSI Pilot Grant Award funds. In the event that publications, patents, or other tangible outcomes do arise from a CCTSI funded project, it is imperative that CCTSI support is acknowledged.

- K. **Citing CCTSI Funding:** All publications, grants, and presentations resulting from research funded by the CCTSI or using CCTSI resources should cite the CCTSI UM1 TR004399 Grant Number as a contributing source of support. Please refer to the [How to Cite our CCTSI Grant](#) for all publications, patents, or other tangible outcomes from this project during and after project completion.

XVI. Questions

1. **Please visit the Community Engagement Pilot Program website to find our Frequently Asked Questions (FAQ's):** <https://cctsi.cuanschutz.edu/funding/cepilot>
2. **Community Engagement Pilot Grant Applicants' Webinar:**
The purpose of the webinar is to explain the application requirements and to address questions from potential applicants. We will post the recording on the website after the webinar.

December 12, 2025: 12:00-1:00PM MDT.
To join the webinar please use the information below:
Join from PC, Mac, Linux, iOS or Android:
<https://ucdenver.zoom.us/j/95561099109>
Meeting ID: 955 6109 9109
3. **Ongoing Technical Assistance:**
Ongoing technical assistance is available throughout the project period for both Academic and Community co-Principal Investigators. Trailhead Institute provides technical assistance to grantees in a variety of formats, including programmatic and fiscal support for community and academic affiliate partners.
4. **Application Questions:**
All Partnership Development and Joint Pilot Project applications must be completed as a **collaborative** effort between the Community and Academic co-Principal Investigators and questions specific to each partner should be answered accordingly. Please complete the application **beginning on page 15 of this RFA**. Answer the questions, in the order presented, adhering to the formatting guidelines listed in **Section XI. Application Process**.

We recommend using the form fields embedded in this document. You may delete the pages from this document that you don't need for the application and save the final, completed application as a PDF document. Combine your completed application with your appendix items, into one single PDF. Then, upload the PDF document through the online application system.

We recognize that the focus and content of these applications may change during the project period; this application represents your best ideas and plans at the time of application.

Continue to the next page to access the application documents.

PARTNERSHIP DEVELOPMENT APPLICATION

Please answer questions 1-3 in the order presented, using the formatting guidelines listed in **Section XI** of the RFA, in seven pages or less. **We highly recommend you use the template below to include the question before your answer.** This aids in a smooth review process. Should you choose not to use this, **you must include the top portion with project name, organizations, funds requested etc. within your seven pages.** Be sure to answer each part (parts a, b, c, etc.) of each numbered question. After completing the questions below, please complete your [budget and budget justification](#).

- **Project Name:**
- **Academic Organization:**
- **Academic co-Principal Investigator:**
- **Community Organization:**
- **Community co-Principal Investigator:**
- **Academic funds requested: \$**
- **Community funds requested: \$**

1. Factor 1. Importance of the Research

a. What will this project address? (Significance):

- i. What community health priority will this partnership focus on during the coming year? Please provide existing data and/or evidence, with references, that support this health priority or need. (For Colorado data, see: <https://www.colorado.gov/cdphe>)
- ii. What evidence exists that this priority is of concern to the community, and that this partnership is needed? (i.e. personal experience of community, community metrics)
 1. Note: If your proposal focuses on a specific sex, race, ethnicity, or other group, you must provide references and/or support for the scientific rationale and/or evidence of disparity.

b. What's new? (Innovation):

- i. For this proposed partnership, what potential innovation may result from bringing these partners together?
- ii. How are your proposed engagement method(s) innovative and important to success, and how will results be shared and disseminated?

2. Factor 2. Rigor and Feasibility

a. What will this project do? (Approach):

- i. What kind of relationship growth do you expect to create between the community and academic PIs during this 9-month grant period, and how will you accomplish this? Please state explicitly how the community and academic PIs will collaboratively engage in decision-making and resource sharing, among other partnership development activities, etc.
- ii. What activities does your partnership have planned for engaging the community more broadly using standard methods and tools for community engagement (e.g., outreach, meetings, interviews)?
 1. Please state why or how your approach will help move beyond measuring health disparities to create solution-oriented strategies, now or in the future.

b. How will you assess & monitor the project? (Rigor)

- i. How will you evaluate or measure your processes and successes to determine partnership viability?
- ii. Describe milestones that will help determine whether or not the partnership is making

progress towards further work together. (For example, submitting a joint pilot application)

c. **Barriers & Challenges (Feasibility)**

- i. What potential overall barriers or challenges do you foresee and how will you overcome them?

3. Factor 3. Expertise and Resources

a. **Who is involved? (Investigators):**

- i. What background, skills, experience, knowledge, connections/relationships and/or previous experience does each partner have related to the work proposed in this application?
- ii. Describe any previous experience you and/or your organization have in building and developing partnerships in Community-Academic or other partner/collaborative work.
- iii. What makes this investigator partnership potentially the right one for impacting or benefiting the community?
- iv. (If Applicable) If this is a new partnership, how did you identify this partnership?
- v. (If Applicable) If this is a previously existing partnership, why do you think this partnership needs further development?
- vi. Please describe the collaborative process the partners underwent to apply for this grant. (I.e., participated in idea generation, contributed to grant writing, reviewed grant drafts, budget development, etc.)

b. **What supports do you have? (Environment):**

- i. What organizational supports and resources exist that will ensure your proposed partnership will succeed (e.g., meeting space, time, partner capacity, administrative capacity, other supports)?
- ii. What potential organizational barriers or challenges do you foresee and how will you overcome them (e.g. paying participants, protected time for both partners, access to technology, logistical and scheduling)?

PARTNERSHIP DEVELOPMENT BUDGET AND BUDGET JUSTIFICATION

Please provide a detailed budget and justification using the guidelines and budget template below. **The budget and justification are limited to three pages (total).**

Although we are flexible in how requested grant funds are used, all applicants must abide by the following budget guidelines:

- Requested total grant funds are encouraged to be ***equitably allocated between Community co-Principal Investigators and Academic co-Principal Investigators***. Applicants should consider allocations of a minimum of fifty percent (50%) of requested funds to the Community co-Principal Investigator. **If awarded, Academic and Community co-Principal Investigators will each administer their own portion of the budget.**
- Funds should be budgeted as needed for the mandatory training to include mileage and overnight lodging if needed.
- Applicants should consider budgeting for dissemination efforts. This may include costs for poster development and printing, and necessary travel expenses for participants located outside the Denver-Metro Area.
- Do not include indirect costs (F&A) in the application.
- Pilot funds cannot be used to pay for program-related costs (i.e., for program development, or for educational or dissemination programs)—funds CAN be spent on research/evaluation of such programs or for other translational research.
- **Partnership Development** applicants may request funds for a variety of expenses related to developing and sustaining a new Community-Academic partnership as outlined in this RFA. These funds can be used to meet with partners, (e.g., costs related to hosting meetings, including refreshments), further develop the community-academic partnership (e.g., facilitation or training materials), and plan collaborative research projects and joint grant proposals (e.g., literature searches, printing articles, grant proposals).

Using the budget table on the following page, list the total expected costs of the project, with each of the budget categories broken down to show the amounts allocated to the Academic and Community co-Principal Investigators. All budget figures should be entered to the nearest dollar.

Include a budget justification for these budget items, not exceeding two pages.

Budget Proposal		
Project Name:		
Total (Academic and Community) Amount Requested: \$		
Personnel	Academic Amount	Community Amount (suggested minimum of 50% of the total combined request)
Salary	\$	\$
Benefits	\$	\$
Total Personnel	\$	\$
OTHER DIRECT COSTS		
Consultants	\$	\$
Supplies	\$	\$
Equipment	\$	\$
Print/Copy	\$	\$
Postage	\$	\$
Functions/Events	\$	\$
Meetings	\$	\$
Study Subject Incentives	\$	\$
Other	\$	\$
Total Other Costs	\$	\$
TRAVEL		
In-State Only	\$	\$
Total Travel Costs	\$	\$
Total Academic/Community Project Costs		
TOTAL COMBINED PROJECT COSTS (should not exceed \$8,000)	\$	

Budget Justification:

Please include a brief justification for each budget line item. Please provide specifics about costs for each line item along with the justification.

JOINT PILOT PROJECT APPLICATION

Please answer questions 1-3, in the order presented, using the [formatting guidelines](#) listed in Section XI of the RFA, in **seven** pages or less. Be sure to answer each part (parts a, b, c, etc.) of each numbered question. **We highly recommend you use the template below to include the question before your answer.** This aids in a smooth review process. Should you choose not to use this, **you must include the top portion with project name, organizations, funds requested etc. within your seven pages.** After completing the questions below, please complete your [budget and budget justification](#).

- **Project Name:**
- **Academic Organization:**
- **Academic co-Principal Investigator:**
- **Community Organization:**
- **Community co-Principal Investigator:**
- **Academic funds requested: \$**
- **Community funds requested: \$**

1. Factor 1. Importance of the Research

a. **Focus of the Pilot Project? (Significance):**

- i. What is the primary focus of your community research project? Please provide existing data and evidence, with references, that support the underlying health priority or need. The primary focus should be summarized in a set of specific aims consistent with NIH guidelines:
 1. We recommend that your Aims focus on your project goals, anticipated outcomes, and the resulting overall impact on the community and the field.
- ii. What evidence exists that this priority is of concern to the community, and that this project is needed. (e.g., personal experience of community, community metrics, existing data that support this health priority, or need).
 1. Note: If your proposal focuses on a specific sex, race, ethnicity, or other group, you must provide references and/or support for the scientific rationale and/or evidence of disparity.
- iii. Recognizing this is a 12-month pilot grant, please describe the potential impact and how your pilot will benefit the community and those affected by the problem.
 1. Please state why or how your approach will help move beyond measuring health disparities to create solution-oriented strategies, now or in the future.

b. **Project Significance (Significance):**

- i. Describe your project's significance to the CCTSI Vision to "Accelerate and catalyze the translation of innovative science into improved health and patient care." What makes your project translational?
- ii. Describe the translational science roadblock(s) that your project will address and how it could be generalizable to other research studies.
- iii. Should the pilot prove successful, explain how this project will be used to apply for new grant funding or other ways to further the project beyond this pilot.

- c. **What's new and next steps (Innovation):** Joint Pilot Awardees are expected to conduct translational research projects within the framework of collaborative research collaborations.
 - i. Describe how this project is unique, new, and innovative? (ex. study design, topic of focus, partnership)
 - ii. How are your proposed engagement method(s) innovative and important to success?
 - iii. What are your intermediate and long-term goals for continuing the Community-Academic partnership and research beyond in this application?

2. Factor 2. Rigor and Feasibility

- a. **Design and Methods (Approach):**
 - i. Briefly state the overall study design, including incorporation of community engagement and the voices of those impacted by the community health priority.
 - ii. What specific methods will be used to implement the study design (for example, how will you recruit participants, what methods will be used to collect data, etc.)?
 - iii. How did each of the partners, academic and community, collaboratively contribute to the development of this grant proposal? Give specific examples, including related to study design.
 - iv. Beyond the community co-Principal Investigator, how will the people who are affected by the problem be involved and engaged in the process?
- b. **How will you assess & monitor the project? (Rigor)**
 - i. What do you plan to accomplish throughout this 12-month grant period and how will you measure your outcomes? Please describe how you will evaluate progress and the translational science roadblock/s that your project will address?
 - ii. Please describe your plans on dissemination of findings. How and with who will project findings be shared? How will each partner participate in the dissemination activities?
- c. **Barriers & Challenges (Feasibility)**
 - i. What potential overall barriers or challenges do you foresee and how will you overcome them?

3. Factor 3. Expertise and Resources

- a. **Who is involved? (Investigators):**
 - i. How long has this partnership existed and why is it the right partnership for this project? Please provide prior collaborative work, including research. If your partnership was a previous Partnership Development Awardee, describe how the partnership evolved through that funding

period until now.

- ii. Describe any previous experience you and/or your organization have in building and developing partnerships in Community-Academic or other partner/collaborative work.
- iii. What background, skills, experience, knowledge, connections, relationships and/or previous experience does each partner have related to the work proposed in this application?
- iv. How will you make sure that partners are both thoroughly involved in the project? Please be specific about the roles of each partner and the plan for how community engagement will take place.
- v. Describe each applicant's previous experience (if any) with the CCTSI Community Engagement Core (i.e., Pilot Grant, Colorado Immersion Training, other projects, etc.)

b. **What supports do you have? (Environment):**

- i. What supports and resources exist that will ensure your proposed partnership will succeed (e.g., meeting space, time, partner capacity, administrative capacity, other supports)?
- ii. If the academic researcher in your partnership is a junior investigator (*an investigator within the first 2 years of completion of a terminal degree*), briefly describe a mentoring plan from senior investigator(s).
- iii. If applicable, please describe the support available to the community Co-Principal investigator (such as mentoring, community organization leadership support, etc.).

JOINT PILOT PROJECT BUDGET AND BUDGET JUSTIFICATION

Please provide a detailed budget and justification using the guidelines and budget template below. **The budget and justification are limited to three pages (total).**

Although we are flexible in how requested grant funds are used, all applicants must abide by the following budget guidelines:

- Requested total grant funds are encouraged to be ***divided between Community co-Principal Investigators and Academic co-Principal Investigators***. Applicants should consider allocations of a minimum of fifty percent (50%) of requested funds to the Community co-Principal Investigator. If awarded, academic and community partners will each administer their own portion of the budget.
- Applicants should budget, as needed, for the mandatory training to include mileage and overnight lodging if needed. (**see Section XV, item D**).
- Applicants should consider budgeting for dissemination efforts. This may include costs for poster development and printing, and necessary travel expenses for participants located outside the Denver-Metro Area.
- Indirect costs (F&A) are assessed internally by CCTSI after projects are selected for funding. Do not include indirect costs (F&A) in the application.
- Pilot funds cannot be used to pay for program-related costs (i.e., for program development, or for educational or dissemination programs)—funds CAN be spent on research/evaluation of such programs or for other translational research.
- **Joint Pilot Project** applicants may request pilot funds for many different expenses related to planning and implementing research projects as outlined in this RFA. (e.g., costs related to hosting meetings, including refreshments; personnel costs, data collection, and/or analysis of community-specific information or other quantitative and qualitative data; evaluating an existing community-based program; expenses for community facilitation or other consultants).

Using the table on the following page, list the total expected costs of the project, with each of the budget categories broken down to show the amounts allocated to the academic researcher and community co-Principal Investigators. All budget figures should be entered to the nearest dollar.

Include a budget justification for these budget items, not exceeding two pages.

Budget Proposal Project Name: Total (Academic and Community) Amount Requested: \$		
Personnel	Academic Amount	Community Amount (suggested minimum of 50% of the total combined request)
Salary	\$	\$
Benefits	\$	\$
Total Personnel	\$ 0	\$ 0
OTHER DIRECT COSTS		
Consultants	\$	\$
Supplies	\$	\$
Equipment	\$	\$
Print/Copy	\$	\$
Postage	\$	\$
Functions/Events	\$	\$
Meetings	\$	\$
Study Subject Incentives	\$	\$
Other	\$	\$
Total Other Costs	\$ 0	\$ 0
TRAVEL		
In-State Only	\$	\$
Total Travel Costs	\$ 0	\$ 0
Total Academic/Community Project Costs	\$ 0	\$ 0
TOTAL COMBINED PROJECT COSTS (must equal \$30,000)	\$ 0	

Budget Justification:

Please include a brief justification for each budget line item.