



THE RADX-UP CDCC COMMUNITY COLLABORATION MINI-GRANT PROGRAM

Duke University in partnership with the University of North Carolina, Chapel Hill, is serving as the Coordination and Data Collection Center (CDCC) for the National Institutes of Health (NIH)-supported Rapid Acceleration of Diagnostics-Underserved Populations (RADx-UP) program. The goal of the program is to improve access to and uptake of diagnostic COVID-19 testing in underserved, COVID-19 medically, geographically, and socially vulnerable populations (referred to as underserved and vulnerable elsewhere in this RFA).

The CDCC is pleased to solicit applications for its **Community Collaboration Mini-Grant Program**. The CDCC Community Collaboration Mini-Grant Program seeks to support community partners to help advance capacity, training, support, and community experience with COVID-19 testing initiatives. Applications to this RFA are not intended to be research proposals and must not propose human subjects research as defined by the 2018 Revised Common Rule. See the decision tool [here](#).

You can also download a full PDF of program information in [Spanish](#) here or [Mandarin Chinese](#).

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Purpose

The CDCC's Community Collaboration Mini-Grant Program seeks to support the inclusion of additional community partners and stakeholder groups who are not currently part of the RADx-UP program through CDCC subawards.

Engagement in the evaluation and adoption of established and new diagnostic tests by the communities adversely affected by COVID-19 is critical to reducing the disease burden in the United States. This program will provide CDCC subawards (hereinafter referred to as "mini-grants") to increase the capacity for COVID-19 testing expertise within the community. Increasing training, education, communication, information dissemination, and capacity building related to COVID-19 testing, isolation, contact tracing, among others, in communities will increase our ability to decrease COVID-19 transmission and save lives.

These CDCC mini-grant funds can be used to support personnel costs, contracted service costs (e.g., participant transportation, translation, and interpretation, etc.), and non-personnel costs (e.g., other participant incentives, information and technology equipment) to:

- remove barriers to COVID-19 communication and outreach, COVID-19 testing and diagnosis, and COVID-19 data collection and dissemination testing;
- develop communities of practice between community collaboration CDCC mini-grant sub-awardees and current RADx-UP awardees which will extend communication and outreach, expand testing availability, and enhance data collection and dissemination capacities; and
- evaluate strategies for the communication of test results and follow-up measures to underserved and vulnerable populations;
- provide training and education for community members around COVID-19 testing topics of interest to the community;
- provide funding to increase capacity for COVID-19 testing activities in the community;
- generate communication materials related to COVID-19 testing;
- provide funding for community personnel training on specific aspects of COVID-19 related research including informatics, data collection methods, standardized survey administration, and others.
- collaborate with CEAL programs on activities such as understanding attitudes about testing and vaccines.

An evaluation component is encouraged to identify critical barriers and identify best strategies for removing these barriers to facilitate COVID-19 communication and outreach, COVID-19 testing, and COVID-19 testing data collection and dissemination.

CDCC Community Collaboration Mini-Grants are not meant as bridge funds or as supplementary funding for existing grants with the same aims as the proposed work, work conducted outside of the United States or foreign components. More information is available the [FAQs](#).

Program Information

Visit our [Apply for a Grant](#) page for future RFAs. We anticipate 3-4 funding opportunities per year.

Eligibility

The following organizations are eligible to apply: community serving organizations, faith-based organizations, community-based clinics, and tribal nations and organizations. We are particularly interested in receiving proposals to work with underserved and vulnerable communities not currently engaged with existing [RADx-UP awardees](#); the awardees of the [NIH Community Engagement Alliance \(CEAL\) Against COVID-19 Disparities program](#); and from organizations with a track record of outreach and service to underserved and vulnerable populations. Though not required, we also encourage partnerships with existing RADx-UP and CEAL awardees who may be able to collaborate with mini-grant sub-awardees on their outreach and communication, testing, and data collection and dissemination strategies. Eligible organizations may also include in their applications, collaborations (e.g., consultations and in-kind services) with academic institutions, clinical practices, and others.

Applicants should propose a process to evaluate the results of their community engagement activities.

Application Procedure

Applications must be submitted [online here](#). Application sections (except the Abstract) will be uploaded as individual PDF files. The application sections are:

- 1. Abstract:** A summary of the application for use by the CDCC (250 word maximum).
- 2. Overall Impact:** Briefly describe the likelihood for your project to exert a sustained, powerful influence on Covid-19 outreach and communication, testing and diagnosis, or data and dissemination in the population to be served. (50 word maximum).
- 3. Approach:** The approach should include Objectives, Significance, and Strategy. The strategy proposed should be evidence based. All projects should include community/ stakeholder engagement plans which should be described as part of the project's strategy. 5-page limit, including tables and figures. References do not count towards the page limit; 1.5 line spacing, font Arial 11 pt., and 1-inch margins all around.
- 4. Cited References** (No page limit. Though no particular citation or reference format is required, please use a consistent citation and reference format.)
- 5. Description of the Organization and Environment:** Brief description of the organization(s) that will be conducting the work (250 words)
- 6. Budget:** Use [PHS 398 Form Page 4](#) (see Section VIII "Budget Guidelines" below for more details). The budget must not exceed \$50,000 in direct costs. Indirect (F&A) costs are allowable under standard NIH guidelines.
- 7. Budget Justification:** Include sufficient detail for reviewers to assess whether appropriate resources have been requested (see "Budget Guidelines" below). (No page limit)
- 8. Timeline:** Covers the 12-month funding period. The CDCC and the NIH expect all funds to be expended within 12-months of the initiation of the projects. Multi-year projects are discouraged.
- 9. NIH Biosketches or Brief (5-page max) curriculum vitae/resumes** for the key members of the project team. Biosketches/Brief Resumes are not required for staff members such as project coordinators or assistants ([read here](#) for the NIH Biosketch form and examples).
- 10. Letters of Collaboration** (if applicable): Letters of Collaboration may be included if they clearly state a commitment of resources required for the project's success, such as assistance by a partner organization in data management.

Appendix materials are not permitted.

Each grant will be reviewed by a three-person panel with expertise in COVID-19 testing and community engagement. Within approximately 6-8 weeks after receipt of their application, applicants will be notified by email whether their application has been selected for funding.

Budget Guidelines

1. The mini-grant budget covers expenditures of up to \$50,000 in direct costs for a 12-month period. The budget period will begin after the initiation of the project, or if applicable, when other approvals are received. If the PI is not ready to start within 4 months of an offer of mini-grant funding, CDCC reserves the right to withdraw its offer. The expectation is that all mini-grant funds will be expended by the end of its project period. At the end of the 12-month project period, any unexpended funds will be retained by the CDCC to be used for other mini-grants. Indirect (F&A) funds will be awarded in accordance with NIH policy.
2. Mini-grant funds may be budgeted for (1) support personnel, (2) use of services, including, where applicable, salary support for personnel, (3) travel necessary for community engagement, (4) testing supplies and lab costs, or (6) other purposes deemed necessary for the successful execution of the proposed project.
3. Mini-grant funds **may not be budgeted for** (1) travel to scientific meetings, (2) meals (except community discussions or informational sessions and in accordance with NIH policy), or (3) manuscript preparation and submission.
4. Transfer of funds from the sub-awardee organization to subcontractors should be described. If new subcontracts are anticipated after the mini-grant has started, permission from the CDCC is required.

Other Guidelines

If a mini-grant principal investigator/applicant lead leaves their position, they should immediately contact the CDCC to initiate close-out procedures or determine if the work can proceed.

Terms and Conditions

Chapter 15 of the NIH Grants Policy Statement, available [here](#), includes the requirements for the recipient under consortium agreements in which the recipient collaborates with one or more other organizations in carrying out the grant-supported sub-award. Duke University, as the direct and primary recipient of NIH grant funds, is accountable to NIH for the appropriate expenditure of grant funds and applicable reporting requirements, among other things, as specified in the NIHGPS. In general, the requirements that apply to the recipient, including the intellectual property requirements in Part II Subpart A and the program income requirements of the award, also apply to consortium participant(s). Exceptions are noted in Chapter 15. Duke University will include the applicable requirements of the NIHGPS in its agreements with collaborating organizations (see Written Agreement in Chapter 15), incorporated herein by reference.