

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

October, 2006

OFFICE OF RESEARCH AND DEVELOPMENT LETTER

**SOLICITATION OF APPLICATIONS FOR
HEALTH SERVICES RESEARCH AND DEVELOPMENT
CENTERS OF EXCELLENCE**

- 1. Purpose.** The Veterans Health Administration (VHA) Health Services Research and Development Service (HSR&D) invites applications for Centers of Excellence (CoE). Funds provided under this initiative are for maintaining or creating a core program of investigators, statisticians, economists and other social scientists to support and facilitate the development of HSR&D research projects and the training and mentoring of new HSR&D investigators.

This solicitation is open to currently funded HSR&D centers and any group of investigators that satisfy the eligibility requirements. As part of the competitive renewal process for currently funded HSR&D CoEs, all existing CoEs with funding projected through fiscal year (FY) 2008 must submit an application to be considered for continued funding.

- 2. Background.** HSR&D CoEs conduct research in selected priority area(s) and support the integration of research and practice, linking the clinical aspects of patient care and organizational/management needs. Each CoE develops its own research agenda, is hosted by a collaborating VA Medical Center, and maintains affiliations with community institutions (such as schools of public health, medicine, theme-related university programs, and research institutes) to support its goals and objectives. As a group, CoEs serve as a national faculty for HSR&D. Each CoE uses its core funding as a base for building a strong health services research program, with particular expertise in its selected priority area(s). Brief descriptions of the fifteen currently funded CoEs and contact information are available at http://www.hsrd.research.va.gov/about/centers/centers_of_excellence.cfm.

3. **Goals.** Funded HSR&D CoEs and investigators are expected to:

- a. Conduct the highest quality health services research, build on available expertise and capacity in the CoE's selected priority area(s), and be nationally recognized;
- b. Compete successfully for VA and non-VA government (such as NIH, AHRQ and other federal agencies), and private foundation research funding;
- c. Support the translation and implementation of research results, and demonstrate the impact of the research findings on the veterans' health care system, providers and patient health outcomes at the local, VISN, and national level by partnering with clinical segments in VA;
- d. Disseminate research findings;
- e. Enhance local capacities to support health services research through the development and maintenance of a program for recruitment, training, and career development activities;
- f. Enhance VA national capabilities and contributions in health services research by collaborating with other HSR&D Centers/Programs and VA Central Office to enhance the HSR&D portfolio and its contributions to VHA;
- g. Provide service to the national VA scientific community, e.g., provide timely and appropriate guidance at VA national, network, and local facility levels, and participate in the Scientific Merit Review Board (SMRB) activities and development of focus area solicitations;
- h. Develop and maintain substantive, mutually beneficial, collaborative partnerships with community institutions (e.g., schools of medicine and public health, theme-relevant university programs, and research institutes).

4. **Eligibility Requirements.**

- a. **Investigators.** At the time of application there must be a minimum of:
 - i. Four (4) VA HSR&D funded principal investigators engaged in research projects (IIR, SDR, QUERI, or special solicitations) and one (1) Research Career Development Scientist (RCD), or Merit Entry Review Program Scientist (MREP) level or CDA-2 level under the new Career Development policy or
 - ii. Five (5) VA HSR&D funded principal investigator engaged in research projects (IIR, SDR, QUERI, or special solicitations).

- b. **Center Leadership.** The proposed center director and any associate director must meet the following conditions:
 - i. Have at least a 5/8ths VA appointment.
 - ii. Devote at least 0.5 full time employee equivalent effort (FTEE) to CoE activities. This time allocation cannot overlap with other research activities such as funded research projects.
 - iii. Either the proposed center director or associate director must be a physician with a clinical appointment.
- c. **Center Investigators.** CoEs are expected to incorporate plans for a core group of investigators who will be at least 5/8ths VA employees (eligible to be VA principal investigators). Some projected co-investigators, consultants, and support staff may be non-VA employees reimbursed through various mechanisms, such as contracts and Intergovernmental Personnel Act (IPA) agreements, but CoE plans should incorporate efforts to make most if not all personnel VA employees. Centers are encouraged to build relationships with all HSR&D funded investigators at their location regardless of their research focus.
- d. **Local and VISN Support.** The VA medical center and VISN are expected to endorse the CoE application and provide the following:
 - i. Protected time and salary support (Program 870 funds) for the center director and associate directors with clinical appointments.
 - ii. Contributed contiguous space and related facility support including but not limited to: selected personnel, electricity, heating, air conditioning, telephones, housekeeping, fiscal and human resource services.
 - iii. Shared support by the VA medical center, VISN, or affiliated institution is encouraged and should be documented. Shared support may include cost sharing, facility renovation or equipment costs, service contracts on equipment, or personnel costs.
 - iv. Ensure no more than two applications from any VISN are endorsed by the VISN Director.

5. **Budget.**

- a. **Expected Annual Budget.** In addition to facility contributions, the CoE's core budget (recurring costs) will be a maximum of \$700,000 annually plus travel funds of \$8000 per year. The center director is expected to attend the HSR&D National Meeting and an annual HSR&D center directors meeting with these

funds. Each CoE will be required to submit an annual budget using VA forms 10-1313-3 and 10-1313-4. Guidance will be provided prior to the due date.

- b. **Potential Start-up Supplements.** Up to \$100,000 may be added to CoE core funding in year one for initial infrastructure expenses (primarily equipment). Start-up supplements are only available to new CoEs, not renewal Centers (CoE or Research Enhancement Award Program [REAP]). Currently funded Targeted Research Enhancement Programs (TREPs) may request up to \$50,000 in new infrastructure support.

6. **Annual Reporting Requirements.** A standardized HSR&D Annual Report Template is used to collect information on revenues and expenditures, investigator capacity and productivity, VA and non-VA funding, publications, and a summary of major activities and accomplishments. Annual CoE reports will be reviewed administratively by HSR&D to ensure that the CoE's performance meets expectations and minimum eligibility requirements (see Section 4. Eligibility Requirements).

- a. **Early Termination.** If a center does not satisfy the eligibility requirements or performance does not meet expectations as compared to other HSR&D centers, the Director (PI) will be notified and a plan must be submitted to Central Office describing how the deficiency will be addressed. If the deficiency is not corrected, funding will be phased out.

7. **Anticipated Awards and Funding Period.** HSR&D expects to approve proposals that receive fundable scores based upon scientific merit, VA priorities and programmatic needs. Approved CoEs are expected to be funded for five years, beginning **Fiscal Year 2008 (October 1, 2007)**, contingent on available funds. CoEs will be required to submit an IRB waiver (or letter from the IRB stating no need for review) before funding may begin.

- a. **Non-Renewal.** Currently funded CoEs that are not approved for continuation of CoE funding will be considered for two tracks.
 - i. **Discontinued Funding:** Currently funded CoEs that are not approved for renewed funding are expected to continue to receive funding until September 30, 2008.
 - ii. **Continued Funding as a REAP.** The review board may recommend that productive centers with applications not competitive at the CoE level be considered for funding as REAPs at \$200,000 to \$250,000 per year for a duration of up to five years. If a change in status from CoE to REAP is approved by the Director of HSR&D, the REAP status will begin October 1, 2007 and funding at the REAP level will start October 1, 2008.

8. **Evaluation Criteria.** Application evaluations will include an assessment of both past achievements, future activities (emphasizing the selected priority area(s)), inclusion of women and minorities in research, and the relationship of these to the strategic plans regardless of new or existing center status. Reviewers will be instructed to weigh their reviews according to the following criteria and relevance to VA, HSR&D, and impact on veteran's health care. For new applications, reviewers will emphasize health services research development efforts to date (emphasizing the selected priority area(s)) and future potential in their evaluation. For existing centers, reviewers will emphasize performance during the funding period (emphasizing the selected priority area(s)) in terms of value added relative to HSR&D and potential future contributions. A copy of the last (2003) review notification letter to investigators that outlines the review recommendations for the individual centers should be attached to the application (A copy may be obtained from the HSR&D contact if needed).

a. **Criteria.** Applications will be reviewed in terms of the following criteria:

- 1) Research Focus and Potential for Future Contributions: Relevance and importance of research focus to improve the health of the nation's veterans. Proposed future contributions should be consistent with the outline provided for the anticipated five-year strategic plan.
- 2) Productivity: Existing achievements and potential to obtain intra and extra-mural project funding, career development awards, and producing publications emphasizing an evaluation of contributions in context with the selected priority area(s).
- 3) Quality of Research and Key Impacts: Existing quality of research and potential as measured by publications in top peer-reviewed journals, significant press, and system improvements, particularly in the selected priority area(s). Includes the unique value provided by the center and other clear evidence of impact beyond publications through formal and informal dissemination mechanisms.
- 4) Collaboration and Service: Existing efforts and potential to collaborate with other VA researchers and centers, and service to HSR&D, VA/ORD, and national non-VA institutions as reviewers, advisors, and leaders emphasizing relevance to the selected priority area(s).
- 5) Facilities and Capacity: Space and resources allocated to the CoE by the Medical Center, VISN, and plan of shared programmatic support provided by the academic affiliate. Documented health services research qualifications of the team, the proposed leadership, and the steering committee including relevance to the selected priority area(s).

- b. **Scoring Ranges.** Reviewers will be instructed to provide one score that incorporates their assessment according to the above criteria.

10-15 Excellent = Proposed Center addresses important scientific focus relevant to veteran's health [criterion 1] and there is **very high probability of success** [considering criteria 2-5].

16-22 Very Good = Proposed Center addresses important scientific focus [criterion 1] and there is a **high probability of success** [considering criteria 2-5].

23-28 Good = Proposed Center addresses important scientific focus [criterion 1] but there is **uncertain probability of success** [considering criteria 2-5].

29-34 Fair = Proposed Center addresses a valid scientific focus [criterion 1] but there is **limited potential for success** [considering criteria 2-5].

34-50 Poor = Proposed Center does not address an important scientific question/area [criterion 1], and there is **limited potential for success** [considering criteria 2-5].

- c. **Site Visits.** Reviewers may request a site visit to inform the final funding decision.

- d. **Funding Decisions.** Funding decisions will be made by the Director, HSR&D, based upon the applicant's potential for making a substantial contribution to HSR&D and VHA.

9. **Submission Guidelines.** Applications that are not compliant with the eligibility requirements or submission guidelines will not be reviewed.

- a. **Notification of Intent to Apply.** Applications will be accepted only from facilities that provide by **March 1, 2007**, written notification to HSR&D of their intent to apply. Notification should come from the ACOS for Research and should specify the proposed CoE director (Principal Investigator), medical facility (or lead medical facility if consortium), contact person with telephone number and e-mail address, and tentative CoE title. The proposed director (Principal Investigator) should plan to be available through their contact person on the days of review (see Section 10.d.) Notification should be sent via e-mail to: susan.schiffner@va.gov.

- b. **Application Submission.** Attachment A contains instructions for the full application submission. For delivery by **March 30, 2007**, submit an electronic copy in pdf format (one file) on CD by courier service to:

**Department of Veterans Affairs
Health Services Research and Development Service (124-C)
810 Vermont Avenue, NW
Washington, DC 20420**

- c. **Administrative Checklist.** Attachment B contains the checklist used by HSR&D to verify that the application is complete. Applicants and ACOS for Research offices are advised to review the application and complete the checklist to ensure that the requested information is provided.

10. **Schedule.** The following award schedule is projected:

- | | |
|--|----------------|
| a. Program Announcement Issued | 10/2006 |
| b. Notification of Intent to Apply Due | 3/1/07 |
| c. Applications Due | 3/30/07 |
| d. Anticipated Scientific Review Meeting | 5/8 and 5/9/07 |

***PIs should be available during the review meeting dates for phone contact, if needed for discussion-see Section 9.a.**

- | | |
|--|-----------------------|
| e. Site Visits Conducted | 5/14/2007 – 5/31/2007 |
| g. Final Notification Letters Mailed | 6/29/2007 |
| h. Funding Start Date (Fiscal Year 2008) | 10/1/2007 |

11. **Inquiries.** Questions may be directed to Susan Schiffner, HSS, at 202-254-0209 or Susan.Schiffner@va.gov.



Joel Kupersmith, MD
Chief Research and Development Officer

Attachments:

- A. Instruction for Application Submission
- B. Administrative Checklist

ATTACHMENT A

INSTRUCTIONS FOR APPLICATIONS

- (1) **General.** Applications must be complete and comprehensive as submitted. Applications will be considered incomplete and returned if they are illegible, fail to follow instructions, or if the material presented is insufficient to permit an adequate review. HSR&D CoE applications must conform to the standardized format as outlined below and contain all pertinent information. Limit the narrative to twenty-eight pages (28) (see Roman numerals I-VI). Do not submit copies of funded or pending research applications of investigators.

- (2) **Format.**
 - a) **Forms Required.** Use VA Forms 10-1313-1 through 8, "Merit Review Application," and VA Form 10-1436, "Research and Development Information System Project Data Sheet." These forms are available through each VA medical facility's Office of Research and Development (or equivalent).

 - b) **Printing, Reproduction, and Assembly.** Use standard 8-1/2" by 11" white paper for pages other than forms. Type material single-spaced. Type must be easy to read (and photocopy). The minimum size for computer-generated print is 11 point (approximately 1/8 inch in height for capital letters). There may be no more than six lines of text per vertical inch and page margins must be a minimum of 1 inch. No other copies should be sent to Central Office other than the one electronic copy on CD (all SSNs must be removed from the application).

 - c) **Pagination.** Each page should be identified by the last name of the investigator coordinating the proposed CoE and page number. Type the name of the proposed CoE PI in the lower right portion of each page, followed by the sequential page number.

- (3) **Ordering and Content of Materials.**
 - a) **Table of Contents** (First page of the application)

 - b) **VA Form 10-1313-1** (Second page of the application) provides brief identifying information. Items that may require clarification are discussed below.
 - i) Items 1 and 2. Leave blank.

 - ii) Item 3. Identify review group as "HCoE."

 - iii) Item 4. Insert "May 2007" as review date.

 - iv) Item 5. Insert the number of the facility (or lead facility if a consortium).

 - v) Item 6. Specify the location of the facility (or lead facility if a consortium).

 - vi) Item 7. Leave blank

- vii) Item 8. Leave blank.
- viii) Item 9. Type the last name of the proposed HSR&D center director, principal investigator (PI), in capital letters, followed by the first name and initial(s). Specify the individual's degrees and list their telephone number and e-mail address.
- ix) Item 10. The title should not exceed 72 typewritten spaces. It should assist the reader in quickly identifying the theme of the CoE.
- x) Item 11. The amount requested each year should be the same as the totals for individual fiscal years, as listed on VA Form 10-1313-4. The total is the total funding (in direct costs only) that is being requested for all years (not to exceed 5 years).
- xi) Item 12. Check the appropriate box for the PI's VA employment.
- xii) Item 13. Check the box for PI's salary source.
- xiii) Item 14. Check the appropriate box for "new" if not currently a CoE. Check "ongoing" if currently a CoE. Currently funded REAP and TREP centers should check "new".
- xiv) Item 16. Insert the code(s) for the primary research program and the primary specialty area that apply to the proposed center theme. The code(s) should be the same as that reported to VA's Research and Development Information System (RDIS).
- xv) Items 17,18, 20, and 21. Provide information for proposed PI.
- xvi) Item 19. Complete fully.
- xvii) Signatures. An original, dated signature of the proposed PI is required. This date should provide sufficient subsequent time for review by the ACOS for R&D or equivalent. An original, dated signature of the ACOS for R&D, or designee, also is required. In signing, this person certifies that the proposal is administratively complete and all required reviews have been conducted. Type in telephone number and e-mail address of ACOS or other individual to contact for any administrative issues (insert name in parentheses if not ACOS for Research).

c) **VA Form 10-1313-2** (Third page of the application).

- i) Identifying Information. Check the appropriate box to indicate that you are describing a program. Provide the identifying information requested: PI; facility name and location; and program title (maximum of 72 characters and spaces). Abstract (500 words maximum in HSR&D ART format). The abstract should provide a clear, concise overview of the proposed center: theme and research focus; initial strategic goals and objectives; and general approach for addressing goals and objectives.

List KEY WORDS that best describe the program's scientific discipline(s) and research focus.

- d) **Proposal Narrative** (Fourth and subsequent pages) Use the following designated Roman numerals and headings for the Table of Contents and Narrative. Specify the beginning page number for each of the required sections, as ordered below, in the Table of Contents. Use the suggested page allocations as a guide for the narrative section (unless specified as a maximum), but **do not exceed 28 total maximum narrative pages, including organization chart, tables and lists specified below but exclusive of VA forms, appendices, and table of contents.**

Note: Since this program exists to support HSR&D Service research activities, the application should clearly identify and disentangle activities related to HSR&D funding from other VA and extra-mural funding.

- i) Executive Summary. (One page) Provide a clear and concise overview of the proposed CoE research focus. Identify key health services research issues to be addressed during the funding period. Highlight recent productivity, strengths of the CoE leadership, proposed infrastructure, and plans for addressing any weaknesses. Conclude by highlighting the perceived “added value” of the proposed CoE for HSR&D and VHA.
- ii) Research Focus and Potential for Future Contributions: (Five Pages) Discuss the relevance and importance of the CoE's research focus to the overall HSR&D portfolio and relevance to the nation's veterans and their health care. Explain center history if previously or currently funded as a CoE, REAP, or TREP. Outline anticipated strategic goals and objectives for the five-year funding period and the operational plan envisioned for integrating clinical, educational, and research resources to accomplish these goals and objectives. Proposed future contributions should be consistent with the strategic plan outline.
- iii) Productivity: (Six Pages) Discuss existing achievements and potential for obtaining intra and extra-mural project funding, career development awards, and producing publications focusing on existing and potential achievements, and other future activities based on the proposed, continued or new focus of the center.
 - (a) For existing achievements (funded projects, projects that ended in the past fiscal year, and submitted proposals), specify the nature of the item (funded, submitted), funding source (e.g., VA HSR&D, NIH, AHRQ), funding amount and funding period. Include in Appendix 2; 1) the project abstracts and 2) a concise table of the achievements (for example, a project with start and end dates, status of funding, funding source and list of publications from the project).
 - (i) Renewal Applications. Currently funded centers must format their response regarding existing achievements in context with the

strategic plan in place during the most recent funding cycle.
Explain variations from the existing strategic plan. Briefly contrast key portions of the current plan to the proposed strategic plan (i.e., explain why key portions were retained, revised, or replaced)

- (b) For potential achievements, briefly describe one to three specific research ideas planned for the CoE and the proposed investigators for each. Include in Appendix 2, a concise table of achievements (as described in III. a.), if applicable.
- (c) For future activities, briefly describe one to three specific research activities planned for the CoE and the proposed investigators for each. Include in Appendix 2, a concise table of activities (as described in III. a.), if applicable.
- iv) Quality of Research and Key Impacts: (Two Pages) Existing and potential to produce quality research as measured by publications in top peer-reviewed journals, significant press, and system improvements. Discuss the unique “added value” provided by the CoE both from prior funding and the future payoff if funded such as, translation and implementation of research findings or programs that emphasize the importance of health services research.
- v) Collaboration and Service: (One Page) Existing efforts and potential to collaborate with other VA researchers and centers and service to HSR&D, VA/ORD, and national non-VA institutions as reviewers, advisors, and leaders. Future efforts should be consistent with proposed strategic plan.
- vi) Facilities and Capacity. (Twelve pages, exclusive of VA forms) This section is designed to document the center’s health services research qualifications and capability to meet the identified objectives and contribute to local and national health services research capacity and training activities.
 - (a) Summarize the proposed CoE’s current (and expected) health services research capabilities and how they will contribute to meeting identified objectives and contribute to local and national health services research capacity and training activities. (One page)
 - (b) Provide an organization chart depicting key staff and their relationships within the CoE and medical facility. (One page)
 - (c) List CoE core staff (proposed and/or identified) and provide a one-paragraph description of their positions, related responsibilities and related research or other pertinent expertise. (One-two pages)
 - (d) Present an overview of staff in table form (see example, Table 1), emphasizing his/her relevance to the selected priority area(s). (One page)

TABLE 1: HSR&D CoE CORE STAFF ORGANIZATION

<u>Name/Position</u>	<u>Personnel Qualifications</u>	<u>FTE</u>
SUSAN S. SMITH, degree, GS level Director (PI)	Academic field x years, teaching y years, clinical z years, research (major research interests)	0.5 (contribute d)
JOHN D. DOE, degree, GS level Biostatistician	Academic field x years, teaching y years, research (major research interests)	0.6

- (e) Provide a brief statement regarding the planned role(s) of the CoE Steering Committee. (One page) Put in Appendix 3 the following:
- (i) A brief description of the Steering Committee's structure, membership, functions, meeting schedule (of the whole and for subcommittees), and relationship(s) to the medical facility Director, the CoE, and other faculty committees.
 - (ii) A listing of Steering Committee members (actual and anticipated), differentiating Regular (such as facility/Network, affiliations/consultants) and Ex Officio (such as CoE leadership and other key staff) members, and the rationale for selecting the individual (emphasizing relevance to the selected priority area(s)). Provide the name, position or title, institution, and telephone numbers for each person listed.
- (f) Elaborate on additional organizational/operational details. These should include:
- (i) Describe local review procedures for research projects and reports. (One-half page)
 - (ii) Describe the CoE mechanism for center program evaluation and quality assurance. (One-half page)
 - (iii) Briefly discuss career paths for non-clinician professional staff, including affiliated university practices for CoE core staff who may also be university faculty members. (One-half page)
 - (iv) Describe the nature of the affiliation with the academic partner. Briefly discuss how involved the CoE will be with the affiliate and, conversely, the affiliate with the CoE. Include how the relationship is meaningful to the center, medical centers, health services research and VA. (One page)

- (v) Describe and document the commitment of the medical facility (or consortium of facilities) to the CoE, and indicate how the involvement of other collaborating scientific groups (or facilities) will be managed routinely. (One-two pages)

vii) Facilities and Other Resources.(One page)

- (a) List community institutions--including academic collaborators with well-established expertise in health services research methodologies--that are expected to support the CoE's activities (emphasizing relevance to the selected priority area(s)). In Appendix 5, provide the name, telephone number, and mailing address of the expected liaison person for each institution. Also append any negotiated memoranda of understanding, signed by the appropriate officials of each participating institution.
 - (b) Describe available facilities for the CoE (including plans for new or renovated space, if applicable), major items of equipment, and maintenance requirements. Provide estimates of contributed costs and also costs associated with the startup supplement, if any.
 - (c) Describe VA institutional and other sector support committed to (or expected for) the CoE, beyond that requested through this application. Briefly discuss how this support will help accomplish the CoE's objectives (e.g., availability of large-scale databases for analyses, access to technical capabilities residing in affiliated facilities, and other VISN capabilities or capacities).
- e) **Total Core Budget Request.** Use VA Forms 10-1313-3 and 10-1313-4, to summarize and justify the requested budget. Insert one set of forms here.
- f) **Biographical Sketches and Individual Support.** Provide a biographical sketch and a list of recent or significant publications for each of the CoE's key VA and non-VA collaborating staff, using VA Form 10-1313-5/6. Note: Be selective and avoid submitting excessively long publication lists (in most cases, 10 should be sufficient; emphasizing relevance to the selected priority area(s))
- g) **Appendices.** Appendices are limited as follows, and should be inserted, numbered, and labeled as specified below. Appendices, exclusive of VA forms, should not exceed thirty pages.
- i) Appendix 1. Current and Pending VA and Non-VA Research Support. For proposed staff, list each person's current and pending total VA and non-VA research support (if applicable), including funding period dates for all items listed, using **VA Form 10-1313-7** (emphasizing relevance to the selected priority area(s)). Pending requests should be included, even if there is no current support. Add **VA Form 10-1313-8** only when needed to elaborate information as requested in Form 10-1313-7.

- ii) Appendix 2. Related Ongoing Projects. Insert project abstracts or VA Form 10-1436 for submitted and funded proposals, and table of achievements and future activities, if applicable.
- iii) Appendix 3. Steering Committee. Description of role, membership.
- iv) Appendix 4. Letters of Commitment. Append a formal letter of commitment for all non-VA investigators who will become active collaborators with the Center's research program. Include their academic title. List consultants and indicate for each: nature of the service to be performed; fee and amount of travel and per diem for each consultant; and the number of consultations to be provided. Append a letter from each consultant who has agreed to perform this service.
- v) Appendix 5. Memoranda of Understanding. Append Memoranda of Understanding with collaborating institutions.
- vi) Appendix 6. Additional Information. Append any additional information (not to exceed two pages) that you believe is essential for appropriate consideration of the application.
- vii) Appendix 7. Medical Facility Endorsement. Append endorsement letter from the medical facility Director (lead facility and any other involved medical facilities).
- viii) Appendix 8. VISN Director Endorsement. Append endorsement letter from the VISN Director.

Note: No other letters of endorsement should be sought or included; if included, they will not be considered.

- ix) Appendix 9. Authorization to Share Materials for Review. It is expected that applications will be reviewed by VA and non-VA reviewers. Please append the following statement, signed by the applicant(s): "VA is authorized to share copies of all materials included in this application, for the purpose of review."
- x) Appendix 10. Previous Center Review Notification Letter. If an existing CoE, append the 2003 notification letter with center recommendations from reviewers.

(4) **Submission.** All proposals must be submitted in electronic format. In order to submit proposals electronically, the proposal text must be converted into a PDF file, as opposed to scanning in the document. Merit review pages which can not be converted or contain original signatures may be scanned; however, they must be incorporated into a single pdf file along with the converted text.

- a) Submit on CD by courier service to:
 - Department of Veterans Affairs**
 - HSR&D (124C)**
 - 810 Vermont Avenue, NW**
 - Washington, DC 20420**

b) The contact number for courier delivery is: 202-254-0207.

- (5) **Due Date.** Proposals received after the due date of **March 30, 2007** and applications from facilities that fail to notify HSR&D by **March 1st** of their intent to apply will not be reviewed. HSR&D will confirm receipt of intent to apply and proposals via facsimile or e-mail to the proposed CoE Coordinator and ACOS for Research and Development (or designated contact listed beside ACOS signature at the end of VA form 10-1313-1, first application page). Proposals will be reviewed in April. Approved sites will be notified approximately no later than **June 29, 2007**. The funding period for each approved center will begin at the start of **Fiscal Year 2008 (October 1, 2007)**.
- (6) **Availability During Review Process.** Scientific review is expected to occur over a two-day period during the month of **May 2007**. Once the specific dates are scheduled, applicants will be informed and asked to identify a contact who can reach the proposed CoE Director (PI) to respond to reviewer questions that may arise. Applicants are advised to make flexible plans (when the application is submitted) for a potential site visit during the period of **May 14-31, 2007**. The proposed key CoE staff, Associate Chief of Staff for Research, and medical facility Director (or appropriate representatives) are expected to be available during the site visit. Site visitors will make an effort within this period to accommodate major conflicts, but scheduling is expected to be tight and may not be finalized until the scientific review is completed in early May.

ATTACHMENT B

HSR&D CHECKLIST FOR CoE APPLICATIONS

Proposed Center Director (PI): _____

Site (Facility): _____

Site VISN Number: _____

Limited to no more than two applications from one VISN. If more than two, contact VISN to select who may apply.	✓ <input type="checkbox"/>
Notice of Intent to apply received in CO, HSR&D by March 1, 2007	<input type="checkbox"/>
Application received in CO, HSR&D by March 30, 2007	<input type="checkbox"/>
One copy on CD (no SSNs)	<input type="checkbox"/>
Table of Contents (page 1)	<input type="checkbox"/>
VA Form 10-1313-1 complete (page 2)	<input type="checkbox"/>
(check the box indicating Proposed Director (PI) 5/8ths VA)	<input type="checkbox"/>
VA Form 10-1313-2 complete in HSR&D format (page 3)	<input type="checkbox"/>
Narrative (no more than 28 pages)	<input type="checkbox"/>
(includes org chart, table 1--but excludes contents, forms, appendices)	<input type="checkbox"/>
Executive summary (one page maximum)	<input type="checkbox"/>
Research Focus and Potential for Future Contributions (five pages)	<input type="checkbox"/>
Productivity (five pages)	<input type="checkbox"/>
Quality of Research and Key Impacts (two pages)	<input type="checkbox"/>
Collaboration and Service (one page)	<input type="checkbox"/>
Facilities and Capacity (twelve pages, exclusive of forms)	<input type="checkbox"/>
Summary of HSR capabilities (one page)	<input type="checkbox"/>
Organization chart (one page)	<input type="checkbox"/>
Core staff list, description (include GS levels) (one-two pages)	<input type="checkbox"/>
(ensure Director (PI) is at least 5/8ths VA & allocating 0.5 FTEE)	<input type="checkbox"/>
Staff overview (Table 1) (one page)	<input type="checkbox"/>
Steering committee description & membership (one page)	<input type="checkbox"/>
Organizational/operational details	<input type="checkbox"/>
-Description of local review procedures (1/2 page)	<input type="checkbox"/>
-Description of evaluation mechanism (1/2 page)	<input type="checkbox"/>
-Description, non-clinician professional career paths (1/2 page)	<input type="checkbox"/>
-Description of affiliate relationship and meaningfulness (one page)	<input type="checkbox"/>
-Commitment—medical facility & collaborators (maximum one to two pages)	<input type="checkbox"/>
Facilities and Other Resources (one-two pages)	<input type="checkbox"/>
-List of collaborating institutions	<input type="checkbox"/>
-Description of available & contributed resources (include medical care salary support for Director [PI] or Associate Director, if a clinical Title 38 position [MD, RN, etc.])	<input type="checkbox"/>
-Description of any other support & utility to CoE	<input type="checkbox"/>

HSR&D CHECKLIST FOR CoE APPLICATIONS -- Cont'd

✓

Total Core Budget Request (VA Forms 10-1313-3 and 4)	<input type="checkbox"/>
Biographical Sketches and Individual Support (VA Forms 10-1313-5/6 for each of the Center's key VA and non-VA collaborating staff)	<input type="checkbox"/>
Appendices (Do not exceed 30 pages, exclusive of VA forms)	<input type="checkbox"/>
Appendix 1. VA Forms 10-1313-7, and 8 if appropriate	<input type="checkbox"/>
Appendix 2. Related and Ongoing project abstracts or Form 10-1436 and table of achievements and future activities (if applicable)	<input type="checkbox"/>
Appendix 3. Steering Committee description, membership list	<input type="checkbox"/>
Appendix 4. Letters of Commitment from non-VA collaborators	<input type="checkbox"/>
Appendix 5. Memoranda of Understanding with Collaborating Institutions	<input type="checkbox"/>
Appendix 6. Additional Information (maximum two pages)	<input type="checkbox"/>
Appendix 7. Medical Facility Endorsement letter (signed and dated)	<input type="checkbox"/>
Appendix 8. VISN Director Endorsement (signed and dated)	<input type="checkbox"/>
Appendix 9. Statement of Authorization to Share Materials	<input type="checkbox"/>
Appendix 10. Previous Center Review Notification Letter (for existing CoEs only)	<input type="checkbox"/>