Goals and Background
Many investigators submit proposals and receive good scores but yet are not funded due to today’s competitive climate. To aid such investigators transition their good proposals into fundable ones, the ACCEL program has created this Shovel-Ready Pilot Grant Program (SHoRe Grants). These awards are for investigators who already have submitted research grant applications (NIH, PCORI, VA, NSF, etc.) and have received summary statements, but need funds to collect additional data to strengthen their resubmission and address reviewer concerns.

The SHoRe RFP solicits applications for projects what will be completed within six months and must result in a resubmitted research grant application.

The technical scope of the research plan should be related to clinical and translational research (see Rubio et al., 2010). Areas of high importance to the DE-CTR ACCEL program include

- Rehabilitation
- Cancer
- Cardiovascular Diseases
- Stroke
- Obesity
- Women’s Health and Infant Mortality

Other areas of clinical and translational research will be considered. Use of one or more of the research cores at the ACCEL institutions is encouraged, but not mandatory. Information about these cores can be found on the ACCEL website (www.de-ctr.org).

Submission
The proposal format (11 point, Arial) is similar to that for an NIH R03 proposal, except in terms of the length of the research description section. Proposals should be submitted using PHS 398 forms. Instructions can be found here. Each proposal should include the following sections (sections L is only required for junior investigators):

A. NIH face page (download here)
B. NIH Page 2&3: Summary, Relevance, Project/Performance Sites, Senior/Key Personnel (download here)
C. Budget using NIH forms Page 4, including budget justification on Page 5 (download here and here)
D. Biographical Sketch(es) of PI and Key Personnel including the primary mentor, other members of the mentoring team, and collaborators who would play a significant role in accomplishing the goals of the proposal (use this new form)
E. Summary statement from previous research grant.
F. Research Strategy (see below—using NIH continuation forms—download here)
G. Success from Prior IDeA Awards: PIs who have led a project supported by CTR, INBRE, COBRE or DHSA grants should include a short section (1 page maximum) outlining the progress on that prior work, including their success in leveraging that research into independent external support and
explaining why further support is necessary. Use NIH continuation forms—download here.

H. References (using NIH continuation forms—download here)
I. NIH Human subjects (download here) and planned enrollment forms (here), if applicable
J. Vertebrate animals justification and protection (download here), if applicable
K. A letter of Support from the PI’s Department Head/Chair
L. If the project is led by a new investigator (see NIH definition here), the application must include a letter of support from the primary mentor detailing previous experience, the candidate’s potential, the existing mentoring or working relationship (if any), and specifics as to how the mentor will interact with the candidate during the funding period (see mentoring agreement here)

The proposal need not be routed through the institutional research offices for institutional signatures, but upon submission may be forwarded to the PI’s appropriate institutional office for budget and effort verification.

Pre-Submission Assistance and Feedback
Applicants are encouraged to have the ACCEL Epidemiology/Biostatistics Core review their statistical and methodological approach prior to submission (before June 1, 2017):

Epidemiology/Biostatistics Core
The Epi/Biostats team will review and provide comments on the Request for Assistance information submitted at https://www.de-ctr.org/dash/apps/biostat/. Be sure to indicate that the request is linked to a Clinical and Translational Pilot Grant submission.

Proposals led by new investigators (see NIH definition here) will be required to work with our Mentoring, Education, and Career Development Core (MED-Core) to submit detailed mentoring plans (from the mentors) and Individual Development Plans (from the PIs) prior to receiving funds. The Mentoring Plan and IDP are not required as part of the original submission process but applicants are encouraged to use the tools to help in planning the submission (see https://www.de-ctr.org/dash/apps/medcore/).

Applicants are also encouraged to engage with our Community Engagement and Outreach (CEO) Core as part of the pre-submission process. Those who do not will be able to engage with the CEO prior to award commencement.

Community Engagement and Outreach (CEO) Core
Experts from the CEO Core will review and provide feedback on Section B, which includes a statement of the relevance of the proposed research to public health. This statement is a critical component of NIH and DE-CTR ACCEL sponsored research. The statement of relevance should use plain language that can be understood by a general, lay audience. The CEO core can be contacted at https://www.de-ctr.org/redcap/surveys/?s=PF7989REXL for assistance with framing the relevance and potential impact of projects and for connection to community partners where appropriate.

Research Strategy
The Research Strategy part of the proposal (section F above) should be organized in four sections to describe the (1) Specific Aims of the work, (2) Significance, (3) Innovation, and (4) Approach. Together, these should be four pages in length. The focus of the pilot proposal should be on what will be done in the six month time period to strengthen the original proposal to improve the score.

Within the Approach section, a statistical analysis subsection is expected. If applicable, within the Approach section applicants should also discuss the potential for community engagement. Information about the ACCEL Cores can be found on the ACCEL website.

www.de-ctr.org
IRB/IACUC Approval
Human subjects Institutional Review Board (IRB) or Vertebrate animal IACUC approval is not required at the time of pilot project submission. However, if applicable, such approval is required before the selected pilot projects are sent to the NIH for federal approval on July 1, 2017. If a project is selected for funding by the ACCEL External Advisory Committee but does not have IRB/IACUC approval by July 14, funding of the proposal may be withdrawn.

Credentialing
Investigators who will be doing work at hospitals may need to obtain credentials. Such investigators are encouraged to begin that process well in advance of the start date of the grant as the process can take several months.

Eligibility
Each proposal must be submitted by faculty from one of the ACCEL partner institutions: the University of Delaware, Nemours, Christiana Care Health System, and the Medical University of South Carolina (MUSC). Proposals that include investigators from multiple partner institutions are especially encouraged and are given priority.

Leaders of pilot projects must hold a faculty appointment or equivalent at the time the pilot award commences. These are individuals who can independently apply for Federal or non-Federal investigator-initiated peer-reviewed Research Project Grants (RPG). Individuals holding postdoctoral fellowships or other positions that lack independent status are not eligible to lead pilot projects.

The Project lead for Pilot projects may not concurrently have research funding from other IDeA Program award mechanisms (e.g., INBRE, COBRE).

Pilot projects may not overlap with ongoing funded projects.

Mentors: Proposals led by junior or “new” investigators (see NIH definition here) must identify a suitable mentor, and include the proposed mentor’s Letter of Support demonstrating his willingness to participate and support the applicant and project. Mentors with prior experience as PI on an NIH funded grant are preferred.

Timeline
Proposals should be submitted electronically using the ACCEL website office www.de-ctr.org by noon on June 16. Note that all investigators on the proposal must have user accounts on the ACCEL website prior to submission. Contacting the other cores for support (i.e., Mentoring, Epidemiology/Biostatistics and Community Engagement—see Pre-Submission section above) must be done at least two weeks before the submission date (i.e., before June 1).

Budget
Up to $20,000 (direct costs) may be requested. A typical pilot grant will support clinical research coordinators, postdoctoral fellows, or graduate students, as well as appropriate amounts for supplies, travel, etc. PI salary is discouraged as faculty release time for this work is expected to be provided as an institutional commitment; the anticipated effort should be indicated in the budget. A budget period of up six months may be requested. Investigators should plan for funding to begin on or soon after August 1.

Evaluation
Each ACCEL Pilot Project will be evaluated via a three-step process. In the first step, senior faculty in
ACCEL’s *Mentoring, Education, and Career Development Core* will review and evaluate the Individual Development Plan, Mentoring Plan, letter of support from the primary mentor, and the details as to how the mentor will interact with the candidate. In the second step, MED-Core-approved proposals will be evaluated based on scientific merit as is done in NIH study sections. Proposals will be given five scores based on significance, investigators, innovation, approach, and environment (especially as it pertains to the type of research being proposed in relation to established Cores). They will then be given an overall impact score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, as well is its chance of being developed into a full NIH proposal with a high likelihood of success. Scores are on a 1 (exceptional) through 9 (poor) scale, following the standard NIH guidelines for reviews of individual (R-type) research grants. Finally, they will be given another score based on how the scope of work and investigator’s status correspond to the priorities of the ACCEL program (e.g., is the investigator sufficiently junior? Has the investigator received previous funding? If so, has it been well used? Is the research translational?).

The ACCEL Executive Committee will then determine which grants to recommend for funding based on the priority scores and the ACCEL mission. Final approval for funding will be made by the External Advisory Committee, albeit with NIH approval.

Preference will be given as follows:

- Proposals from multiple partner institutions are given priority over those from single institutions.
- Faculty with previous CTR or INBRE or COBRE or DHSA funding are given lower priority than those who are new investigators.
- Projects generated from ACCEL sponsored research planning retreats will be given priority.

We anticipate funding up to four awards.

**Expectations**

Awardees are required to resubmit a research proposal within 6 months of the end of the funding period. They must also plan to attend the annual ACCEL Research Conference in *May, 2018* at the University of Delaware, and to present their work at the annual (national or regional) NIH IDEaA Conference summer of 2018. They are also required to cite the ACCEL grant (NIH U54 GM104941) on all publications. Also, active participation in the mentoring process is required for both mentors and mentees, which includes completion of progress reports.

**Contacts**

For questions about the Pilot Grant program and review process contact:

Thomas S. Buchanan, PhD, ACCEL Pilot Project leader
Robert Akins, PhD, ACCEL Mentoring, Education, and Career Development Core (MED-Core) leader
William Weintraub, MD, MACC, ACCEL Epidemiology/Biostatistics Core leader
Heather Bittner Fagan, MD, MPH, ACCEL Community Engagement and Outreach (CEO) Core leader
Checkboxes to appear on web application

- Letter from Department Head/Chair is included (required)
- Mentors’ letter is included (for junior faculty only)
- Online Mentoring Plan is complete (only for junior faculty—can be submitted latter)
- Online Individual Development Plan is complete (only for junior faculty—can be submitted latter)
- Biosketches for applicant, mentor(s), and other key personnel are submitted (required)
- Consultation with Epi/Biostats Core (recommended)
- Consultation with Community Engagement Core (recommended—can be submitted latter)
- Discussion with OSP/Research office personnel regarding appropriateness of budget (optional)
- This proposal emerged from an ACCEL Research Planning Retreat
- This work involves human subjects
- This work involves vertebrate animals

Timeline for 2017 ACCEL SHoRe awards

2-May    Call for Pilot Project Proposals issued

1-June    Pre-Submission Assistance and Feedback Deadline

16-June   Proposals due—sent to the Research Committee for review

7-July    Reviews completed, send to ACCEL Executive Committee

11-July   ACCEL Executive Committee recommendation forwarded to EAC (JIT info requested at this time)

14-July   EAC decision made. **Institutional IRB/IACUC approval due.** Projects sent to NIH for approval

1-August  Pilot projects commence
Instructions for Scientific Reviewers
Scores should be given on a 1 (exceptional) through 9 (poor) scale, as depicted below. One score should be given for each of the following 7 categories:

**Significance**—Does the project address a significant research problem?

**Investigators**—Are the investigators well qualified to perform this work and lead future NIH-funded projects? Is the mentor suitable and committed? If the PI has had previous funding, was there adequate success?

**Innovation**—Is the proposed research plan novel and innovative, advancing the field?

**Approach**—Are the methods sound and likely to be successful? Does the proposed approach address the concerns of the original reviewers?

**Environment**—Do the investigators have the resources necessary to perform this work and will it take advantage of established core resources?

**Overall Impact**—This takes into account all of the above 5 categories and should reflect the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, as well as its chance of being developed into a full NIH proposal with a high likelihood of success.

**CTR mission**—After scoring the overall impact, reviewers should provide an additional score to let the decision-makers know if the reviewer feels that the scope of the work and investigator’s status correspond to the priorities of the ACCEL program. For example, if a reviewer feels the project is not clinical and translational, a lower score should be given in this category and not in the other categories above. Also, if there are questions about eligibility or if a proposal should be disqualified, that should only be reflected here and will be dealt with by the CTR leadership.

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