



**WashU-ACCERT | Washington University Advancing Cancer Control Engaged  
Research Through Transformative Solutions  
Notice of Funding Opportunity for  
Community Responsive Pilots**

Release Date: October 19, 2026

Letter of Interest (Required) Due: November 19, 2026, 5pm

**Applications Due: March 1<sup>st</sup>, 2027, 5pm**

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**Purpose:** WashU-ACCERT is soliciting applications for Community Responsive Pilot Studies. The purpose of this grants program is to advance the mission of WashU-ACCERT, which includes community-engaged research on social drivers (also referred to as social determinants) of health (SDOH) and cancer control outcomes. The ACCERT Community Responsive Research Program is driven by community input and leadership in its priorities and approaches to community-engaged cancer control research. We engage community partners in all phases of our work. Our objective is to support research that is co-led by WashU investigators and community partners. The expectation is that these pilots will lead to further NIH funded research, with a specific interest in cancer-focused multi-level intervention trials.

In preparing the ACCERT grant, community members identified multiple cancer control topics as priorities. Pilots should address these or other demonstrated pressing community cancer needs and are expected to address one or more elements of the “5 A’s of access” to health and health care [access defined as: affordability, availability, accessibility, accommodation, and acceptability (See [Wyszewianski](#))]. Identified community priorities include: limited rural medical facilities and specialists, access to primary care and early detection, and cancer prevention such as healthy food and nutrition related to cancer risk. Pilots may focus on these priorities or other demonstrable community-identified needs.

**Rural focus for this cycle.** We are interested in all applications that address community cancer control priorities. Building on the community-identified priority of limited rural medical facilities and specialists, WashU-ACCERT welcomes pilots that address the cancer control needs of rural communities in this cycle. Applications without a rural focus are fully eligible, encouraged, and will be reviewed using the same criteria. When choosing among the most highly ranked applications, we will select a pilot that most closely aligns with the Center and the Community Advisory Board’s identified priorities. Applicants who would like help identifying rural or other community partners can request it in the Letter of Intent.

The WashU-ACCERT Community Responsive Research Pilot Grant will **provide \$92,500 in direct costs per year for up to two years**. Successful pilot applicants will link their project to the Center theme (i.e., access), use a theoretical or conceptual framework, and identify next steps to obtain NIH-funded research. All pilot studies should have community engagement and joint university and community leadership. The ACCERT Research Methods and Measures Core and the Community Responsive Research Program members are available to help applicants shape their application, refine methods and measures, and can advise on

community engagement plans. Please reach out via the ACCERT e-mail. [phswashuaccert@wustl.edu](mailto:phswashuaccert@wustl.edu) with questions or for help.

## SUBMISSION AND REVIEW PROCESS

|                                                        |                                                                         |
|--------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Open Date:</b>                                      | October 16, 2026                                                        |
| <b>Letter of Intent Due Date:</b>                      | November 19, 2026, by 5:00 PM CT                                        |
| <b>Applicant Presentation to Community Think Tanks</b> | February 2027, specific dates will be communicated after LOI submission |
| <b>Application Due Date:</b>                           | March 1, 2027, by 5:00 PM CT                                            |
| <b>Notification Date:</b>                              | June 2027                                                               |
| <b>Earliest Start Date:</b>                            | August 1, 2027                                                          |

**Step 1:** Applicants submit Letter of Intent (LOI) by **5:00 PM (CT)** on **November 19, 2026** by e-mail to [phswashuaccert@wustl.edu](mailto:phswashuaccert@wustl.edu) with attention to CRRP Coordinator, Natasan McCray.

**Step 2:** The Community Responsive Research Program Leads will review LOIs and will respond to applicants regarding eligibility for a full proposal. Eligible projects will address access to health and healthcare, and have a clearly stated community-driven priority, cancer control focus, and community-engagement. It is acceptable if the applicant is still finalizing a community co-lead at the time of the LOI submission. Applicants can reach out to the CRRP leads (James and Odeny) for help identifying possible community partners.

**Step 3:** Once a LOI is approved, research teams are required to consult with a member of the Research Methods, Measures, and Data Management Core before final submission. Applicants will also have the opportunity to engage with a community Think Tank for feedback prior to submission. These consultations will take place between December 2026 and February 2027, and Think Tank sessions will be held in February 2027.

**Step 4:** PIs submit complete applications (details below) by **5:00 PM (CT)** on **March 1, 2027**. This deadline will be strictly adhered to with no exceptions. An entire copy of the application must be e-mailed as a single PDF document to [phswashuaccert@wustl.edu](mailto:phswashuaccert@wustl.edu) with attention to CRRP coordinator, Natasan McCray. Please use "Application from [name] for ACCERT Pilot" in the subject line.

**Step 5:** All applications will be reviewed by a committee that includes appropriate scientific and community expertise. Review will include scientific merit and rigor, feasibility, and the potential for the project to generate data for a successful peer-reviewed grant application (see details below). Merit review is conducted by university and community-based experts. Top applications are referred to Center MPIs and the ACCERT Community Advisory Board for decisions. Funding decisions will be announced in early June 2027, following final review by the ACCERT Community Advisory Board.

**Step 5:** Awardees must submit all requested just-in-time materials (including PRMC and IRB approval) and meet all compliance requirements prior to receiving funds for an **August 1, 2027** start date.

### INFORMATIONAL SESSIONS:

The ACCERT Center will host virtual drop-in hours for prospective applicants to ask questions around specific topics. Dates, times, and Zoom links will be announced in the future. **Please also monitor [the ACCERT website](#) for any changes.** Reach out to Carrie Stoll ([Carolyn.stoll@wustl.edu](mailto:Carolyn.stoll@wustl.edu)) with any issues accessing the Zoom links.

| Date | Topic                                                                       |
|------|-----------------------------------------------------------------------------|
| TBD  | General RFA questions including suggested outcomes and measures (Zoom Link) |
| TBD  | Community engaged research and rural partnerships (Zoom Link)               |
| TBD  | Budget or administrative questions (Zoom Link)                              |

## TERMS OF AWARDS

- All awardees must have appropriate institutional regulatory approvals (including PRMC and IRB approval) before funds will be released. **Approvals must be in place prior to the August 1, 2027, start date. [PRMC approval](#) must be in place before IRB application can be submitted and can take longer than typical IRB review. It is essential that awardees plan for sufficient time to receive both approvals before start date.**
- Funded grantees will be required to present their progress at ACCERT Center meetings (quarterly), consult with the RMMDM on methods and measures prior to collecting data, and submit an annual progress report.
- There will not be carry-forward of unspent funds.
- Projects are encouraged to consider measures at multiple levels, or offer a multi-level conceptual model. At the least, multi-levels of influence should be articulated in the application, even if the pilot mostly focuses on a single level.
- All publications related to the award should acknowledge WashU-ACCERT grant number and comply with NIH Public Access Policy: <http://publicaccess.nih.gov/>. The ACCERT Administrative Core will provide support for this process.
- Grantees will be asked to assist WashU-ACCERT in collecting program evaluation and follow-up data regarding their research and study impacts.

## APPLICANT ELIGIBILITY

- Applicants must hold a faculty appointment at Washington University. Fellows and postdocs in the final year of training with a letter of commitment from their WashU Department chair for a faculty position effective by the time of the award are also eligible.
- Each Research Project must be led by a minimum of two co-leaders: one university lead and one community partner.
- Both the WashU scientific PI and the community co-lead must commit a minimum of 15% effort to the project. In-kind effort is allowed only with written approval from the PI's department head, submitted with the application.
- PIs/teams previously funded by the WashU-ACCERT Community Responsive Research Program are not eligible to apply without prior approval.

### Investigators in the following categories are encouraged to apply:

- NIH "New Investigator" defined by NIH as the individual has not competed successfully for a substantial competing NIH research grant. In terms of NIH awards, the PI still fits into the New Investigator category if they received such awards as a Mentored Career Award (K08, K12, K23, etc.) or smaller research awards, including R03, R15, R21, etc. This same logic would also apply to funding from other agencies.
- Early investigators building their career in cancer control and engaged research.

- Established investigators who are working in other fields but are interested in exploring new directions in cancer prevention and control, SDOH, or cancer control engaged research.
- Established investigators already active in cancer prevention and control, SDOH, or engaged research, but whose proposed project is clearly different from their current or previous work.

## **Community engagement expectations and rural partnerships**

Community partnerships. All pilots must engage community partners. Community partners may include community-based organizations, clinics, health departments, schools, faith-based groups, coalitions, or residents with lived experience. They should be active partners in the research, not only recruitment sites. Partnerships at any stage are welcome. A new partnership should describe concrete early steps the partners will take together, such as shaping the research question and aims, planning the budget and study procedures, and holding regular planning meetings. An established partnership should describe what the partners have already done together and how this pilot builds on it.

Rural focus. Applicants proposing a rural focus should define rural using Rural-Urban Commuting Area (RUCA) codes 4–10, consistent with the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy definition. Rural partnerships follow the same expectations as all community partnerships. The community co-lead or other active partners should be organizations or residents from the rural communities involved.

Finding partners. Applicants who do not yet have a community partner should contact the CRRP early at [phswashuacct@wustl.edu](mailto:phswashuacct@wustl.edu), ideally before submitting the Letter of Intent.

# WashU-ACCERT Community Responsive Research Program Guidelines

## LETTER OF INTENT REQUIREMENTS (DUE NOV 19, 2026)

The goal of the Letter of Intent (LOI) is to help the Center anticipate review needs, help applicants ensure they meet application criteria, and formally advise investigators developing their proposal. The LOI does not involve scientific merit review. Email your LOI as a PDF to [phswashuaccert@wustl.edu](mailto:phswashuaccert@wustl.edu) before the deadline, with a subject line that indicates it is a Letter of Intent. ("LOI from [names] for WashU ACCERT Pilot").

- 1) Descriptive title of proposed research.
- 2) Overall aim of proposed research. Briefly describe the methods, including data sources, measures and outcomes. (approx. 1-2 paragraphs)
- 3) How the project relates to the Center theme of access and social drivers of health, and whether the project has a rural focus (limit to 2-3 sentences)
- 4) Description of the study's potential impact, advancement of scientific knowledge, and how this will lead to future NIH funding. (approx. 1 paragraph)
- 5) Community engagement plan (brief, 1 paragraph)
- 6) Name, email address, and telephone number of the WashU Principal Investigator, and a statement about their expertise. Similarly, name of community co-lead, contact information, and a statement about their expertise. If you need help finding a community co-lead, please reach out to us as soon as possible, and we can offer advice. (Note: You will not be disqualified at the LOI stage if you have not identified your community co-lead.). This section should be brief (a few sentences each).
- 7) Names and statement of expertise of co-investigators.
- 8) Participating organizations or partners, if beyond Wash U (e.g., research sites, community organizations engaged)
- 9) **Partner identification support (optional).** Would you like help from the CRRP identifying community partners, including rural partners? If yes, briefly describe the community, setting, or type of partner you are looking for and any relationships you already have (2-3 sentences). Requesting help will not count against your LOI or application.
- 10) Names of 2-5 suggested reviewers who are ideally local to the region and free of conflict of interest. Do not include collaborators, co-authors, or mentors. Provide name, position, organization, and e-mail.

## APPLICATION REQUIREMENTS (DUE MARCH 1, 2027 5PM)

The application packet must include the following NIH PHS 398 pages in this order:

Forms may be found at: <https://grants.nih.gov/grants/funding/phs398/phs398.html>

- 1) PHS 398 Form Page 1, Face Page: Grants office signature is not required. Please include your department's grants administrator's contact information.
- 2) Project Summary / Abstract
- 3) PHS 398 Form Pages 4 and 5: Initial Budget Period and Budget for Entire Proposed Project Period
- 4) Budget Justification
- 5) NIH Biographical Sketch for Leads and Co-investigators. \*Please note that community leads may have a shorter biosketch without publications, but should still include the personal statement.
- 6) NIH Formatted Other Support for the Project Leads.
- 7) Specific Aims Page (1 page)
- 8) Research Plan (limited to 5 pages). Use NIH formatting requirements for font size and margins. The plan should address significance, gaps in prior research, preliminary data (if applicable), description of the research team, research approach, and feasibility. The plan should also include sections addressing how the study will lead to future research, public health impact, and funding applications; how it relates to the

Center theme of access; and how the study has worked/will work with the WashU-ACCERT RMMDM Core. The cancer control focus should be clearly evident.

- 9) Bibliography and references cited for Aims/Research Plan.
- 10) Community engagement plan that describes how community partners will be engaged with the project and team. The plan should describe each partner's role in decision-making, how partners will be compensated, and how the engagement approach fits the project and the stage of the partnership (see Community Engagement Expectations). (1 page maximum)
- 11) [Inclusion Enrollment Report](#) (i.e., NIH Planned Enrollment Table)
- 12) Letters of Support – including letters from any collaborators not listed as key personnel

## BUDGET GUIDELINES

### 1) **Allowable Direct Cost Items:** Funding will be provided for items essential to the conduct of the project.

#### A. **Personnel.**

Allowable personnel expenses include salary and applicable fringe benefits for the principal investigator, co-investigator(s), postdocs, and graduate students, and other professional and technical staff. Community leads have the option of being paid as consultants rather than hired staff with dedicated effort.

Please work with your grants administrator if the following situations apply:

- The current NIH salary cap must be used if applicable. Cost sharing of salary is necessary when using the salary cap or in other situations where the effort exceeds the amount of salary being requested.
- Current KL2/K12 scholars may not request support for effort already supported by their K award. This effort should be shown as cost shared on the budget form pages (show effort, no dollars) and described in the budget justification.

#### B. **Consultant Costs**

Provide the names and organizational affiliations of all consultants other than those involved in consortium/contractual costs and provide any expected compensation, travel, and other related expenses. When applicable, signed agreements that meet all compliance requirements WashU must be in place prior to any project-related consultant work being performed. At a minimum, community co-leads should provide a letter of agreement.

#### C. **Equipment**

Only equipment essential to the conduct of this project is allowed. A detailed description must be provided with an explanation as to how it directly relates to this project and is not otherwise available.

For budget submission purposes, equipment should be defined as items > \$5,000 and having a useful life of more than 2 years. Items costing less than \$5,000 should be included in the Supplies category.

#### D. **Travel**

Travel must adhere to WUSTL established travel policy and is only allowable if needed to conduct the project. Travel to general scientific meetings is not allowable. International travel is not allowable.

#### E. **Consortium/Contractual Costs**

Proposed subaward agreements must be approved by the WashU-ACCERT Administrative Core prior to submission of the application. The participating consortium organization must submit a separate face page, detailed budget page, budget justification, and signed statement of work to the PI who will include it as part of the overall application submission.

#### F. **Other allowable budget categories include:** Supplies and Other Expenses.

## 2) Unallowable Direct Cost Items

### A. Funding will not be provided for the following:

- Administrative personnel
- Stipends for students/trainees
- Dependent Tuition Fringe Benefit
- Administrative supplies/services normally considered indirect costs (i.e. office supplies, phone, fax and modem line charges, etc.)
- Office equipment and furniture
- Tuition
- Purchasing and binding of periodicals and books
- Dues and membership fees
- Honoraria or travel expenses for lectures
- Maintenance/Service Contracts
- Construction, alteration, maintenance, or rental of buildings or building space
- Faculty/Staff recruiting /relocation expenses
- Entertainment/Social Expenses
- Pre-award costs
- Any expense contrary to WUSTL reimbursement policies

### B. Facilities & Administrative Costs (F&A)

Do not include F&A Costs in the applicant or consortium organization budgets. F&A costs are expected to be a contribution to the program by institutions outside of WUSTL. Any exceptions will be identified in the Notice of Award.

## OTHER HELPFUL INFORMATION:

- The WashU ACCERT Center Theme, community priorities, and current projects are viewable on the WashU ACCERT Website: [WashU-ACCERT | Washington University Advancing Cancer Control Engaged Research Through Transformative Solutions Center | Public Health Sciences Division | Washington University in St. Louis](#)
- Projects should align with the Center framework, and address one or more of the 5 elements of Access, but do not need to address all of them at once.
- Projects should acknowledge and discuss multi-levels of influence on their topic and research question. They are expect to articulate this and how future research would move to a multi-level approach. Pilots themselves do not need to fit the definition of multi-level research.
- Applicants are required to consult with WashU-ACCERT CRRP and/or RMMDM to support their proposed research during the development of their proposal to discuss application of WashU-ACCERT tools and services. Information about available cores and services can be found below:
- Community Responsive Research Program (CRRP): Led by Drs. Aimee James and Beryne Odeny and advised by community partners, the CRRP manages priority setting and integration of those priorities into the Center's research including the SDOH Intervention, current and future community responsive projects.
- Research Methods, Measures, and Data Management (RMMDM): Led by Drs. Graham Colditz and Ana Baumann and advised by community partners, the RMMDM works with projects on the development, implementation, and evaluation; including advancing methods, measures, and assessing SDOH, community engagement and cancer control equity and processes and outcomes.
- Social Drivers (or Determinants) of Health (SDOH). SDOH here are conditions in the environment which people are born, grow, live, learn, work, play, and age that impact health outcomes. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. Examples of SDOH with the potential to adversely affect health include housing instability, transportation barriers, structural racism and discrimination, language accessibility and health literacy, food access and insecurity, limited physical activity opportunities, high costs of cancer care (unaffordable), as well as poor air and water quality. SDOH occur on a continuum, and may create the adverse conditions that result in poor health.
- Community Engagement in ACCERT. The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting well-being and health. Community engagement can also be seen as a continuum of community involvement. For this RFA, shared decision-making and co-leadership are encouraged.

# APPENDIX A

## SCORED REVIEW CRITERIA

Reviewers will consider each of the review criteria below in the determination of scientific merit, and give a separate score for each, following the new NIH simplified review framework: Factor 1: Importance of the Research (Significance and Innovation); Factor 2: Rigor and Feasibility (Approach); and Factor 3: Expertise and Resources (Investigators, Environment). These criteria are further described below.

Additionally, reviewers are expected to comment:

- relevance to the catchment/community priorities, representative involvement of the community.
- salience of the cancer focus and relevance to cancer
- engagement approach including partnership plan, and the strength of the community partnership; e.g., the community partner's role in shaping the research question and project decisions, shared budget, and history of, or plan for working together (see Community Engagement Expectations).

### Factor 1. Importance of the Research

#### Significance

- Evaluate the importance of the proposed research in the context of current scientific challenges and opportunities, either for advancing knowledge within the field, or more broadly.
- Evaluate the rationale for undertaking the study, the rigor of the scientific background for the work, and whether the scientific background justifies the proposed study.

#### Innovation

- Evaluate whether the proposed work applies novel concepts, methods or technologies or uses existing concepts, methods, technologies in novel ways, to enhance the overall impact of the project. Note that while technical or conceptual innovation can influence the importance of the proposed research, a project that is not applying novel concepts or approaches may be of critical importance for the field.

### Factor 2. Rigor and Feasibility

#### Approach

- Evaluate the scientific quality of the proposed work. Evaluate the likelihood that compelling, reproducible findings will result (rigor) and assess whether the proposed studies can be done well and within the timeframes proposed (feasibility).

#### Rigor:

- Evaluate the potential to produce unbiased, reproducible, robust data.
- Evaluate the rigor of experimental design and whether appropriate controls are in place.
- Evaluate whether the sample size is sufficient and well-justified. Assess the quality of the plans for analysis, interpretation, and reporting of results.
- For applications involving human subjects or vertebrate animals, also evaluate:
  - the rigor of the intervention (if applicable).
  - whether outcome variables are justified.
  - whether the sample is appropriate and sufficiently diverse to address the proposed question(s).
- For applications involving human subjects, including clinical trials, assess the adequacy of inclusion plans as appropriate for the scientific goals of the research. Considerations of appropriateness may

include disease/condition/behavior incidence, prevalence, or population burden, population representation, and/or current state of the science.

**Feasibility:**

- Evaluate whether the proposed approach is sound and achievable.
- Evaluate the plans to address problems or new challenges that emerge in the work.
- For applications involving human subjects, including clinical trials, evaluate the adequacy and feasibility of the plan to recruit and retain an appropriately diverse population of participants. Additionally, evaluate the likelihood of successfully achieving the proposed enrollment based on age, racial, ethnic, and sex/gender categories.
- Evaluate whether the team has the experience or expertise to conduct the activities.

**Factor 3. Expertise and Resources**

**Investigator(s)**

- Evaluate whether the investigator(s) have demonstrated background, training, and expertise, as appropriate for their career stage, to conduct the proposed work. For Multiple Principal Investigator (MPI) applications, assess the quality of the leadership plan to facilitate coordination and collaboration.

**Environment**

- Evaluate whether the institutional resources are appropriate to ensure the successful execution of the proposed work.