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***Session #5: Putting it All Together:
Designing & Packaging the
CDA Application as a Whole***

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Director, VA HSR&D Center for the Study of Healthcare Innovation, Implementation & Policy; Director, VA Women's Health CREATE; Director, VA Women's Health Research Network (Consortium); Adjunct Professor of Health Policy & Management, UCLA Fielding School of Public Health

VA HSR&D CDA Enhancement Program Cyberseminar

June 2016

Purpose of Session #5

- **Up to now, we have focused on...**
 - How to plan and develop an application in general
 - Strategies for development of career plans, mentoring plans and research plans
- **This time, we will focus on *everything else***
 - Abstract (1), specific aims (1), research plan (19), career (5) and mentoring plans (3) = 29 pages
 - But CDA application packages are often an inch thick so *the bulk of the application is yet to come*



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Reminder of CDA Evaluation Criteria

- Nominee's professional background and productivity
- Appropriateness of the research and training plans presented
- Suitability of proposed mentors in relation to nominee's goals
- Relevance of planned research to VA
- Feasibility and merit of planned research
- Anticipated long-term contributions to VA



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Reminder of CDA Evaluation Criteria

- Nominee's professional background and productivity
- Appropriateness of the research and plans presented
- Suitability of proposed methods in relation to nominee's goals
- Relevance of planned research to VA
- Feasibility and merit
- Anticipated long-term impact

So where is the criterion for the *rest of the package*?



It's reflected in all of them!



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Reminder of CDA Evaluation Criteria

- Nominee's professional background and productivity
- Appropriateness of the research and training plans presented
- Suitability of proposed mentors in relation to nominee's goals
- Relevance of planned research to VA
- Feasibility and merit of planned research
- Anticipated long-term contributions to VA



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Always review all requirements 1st

- **Must read HX-16-011_CDA2**
 - Always double check that you have reviewed latest version from ORD website
- **Must follow VA-SF424_RR_Guide**
 - Always double check that you have reviewed latest version from ORD website
- **Must work with your Research Office to get correct template (oppHX-16-011)**
 - Tends to change, and communication might vary



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Components of CDA Application

- **SF424 cover**
- **SF424 other project information***
 - Abstract, relevance, introduction to revised application, research plan, VA career plan, mentoring plan, human subjects, letters of support, appendices
- **SF424 project/performance site locations**
- **SF424 senior/key person profiles**
 - Biosketches and other support forms
- **SF424 budget (with justification)**



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*Excluded Progress Report publications, Vertebrate animals, Biohazards as not applicable to HSR&D

Working with the Template*

oppHX-16-011 new.pdf - Adobe Reader

File Edit View Window Help

Please fill out the following form. You can save data typed into this form. Highlight Existing Fields

Grant Application Package

Opportunity Title: HSR&D Career Development Award (CDA-2)

Offering Agency: Office of Research and Development

CFDA Number:

CFDA Description:

Opportunity Number: HX-16-011

Competition ID:

Opportunity Open Date: 11/15/2015

Opportunity Close Date: 12/10/2015

Agency Contact: Faith Booker
Program Specialist
E-mail: vhacoscirev@va.gov

- **Fields on this section should be pre-populated**
 - If not, work w/Research Office to get correct information



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**This is how the application is completed at GLA*

Please follow SF424 guidelines and work with your Research Office

Working with the Template (cont'd)

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

- **Add your last name and station number**



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Working with the Template (cont'd)

oppHX-16-011 new.pdf - Adobe Reader

File Edit View Window Help

Please fill out the following form. You can save data typed into this form. Highlight Existing Fields

Select Forms to Complete

Mandatory

[SF424 \(R & R\)](#)

[Project/Performance Site Location\(s\)](#)

[Research And Related Other Project Information](#)

[Research and Related Senior/Key Person Profile \(Expanded\)](#)

[Research & Related Budget](#)

Optional

[R & R Subaward Budget Attachment\(s\) Form 5 YR 30 ATT](#)

- **Click document name in Mandatory Documents to open form or scroll down to get to different section**



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OMB Number: 4040-0001
Expiration Date: 6/30/2016

[View Burden Statement](#)

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

1. TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		3. DATE RECEIVED BY STATE	State Application Identifier
2. DATE SUBMITTED		4. a. Federal Identifier	
Applicant Identifier		b. Agency Routing Identifier	
		c. Previous Grants.gov Tracking ID	
5. APPLICANT INFORMATION Organizational DUNS: 056689118			
Legal Name: VA Greater Los Angeles Healthcare System			
Department:		Division:	
Street1: 11301 Wilshire Blvd			
Street2:			
City: Los Angeles		County / Parish:	
State: CA: California		Province:	
Country: USA: UNITED STATES		ZIP / Postal Code: 900731003	
Person to be contacted on matters involving this application			
Prefix: Dr.	First Name: Sharon	Middle Name: Rae	
Last Name: Saivar		Suffix:	
Position/Title: Deputy, A/O			
Street1: 11301 Wilshire Blvd			
Street2:			
City: Los Angeles		County / Parish:	
State: CA: California		Province:	
Country: USA: UNITED STATES		ZIP / Postal Code: 900731003	
Phone Number: 310 268-4754	Fax Number: 310 268-4856		
Email: sharon.saivar@va.gov			
6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 74-162229			
7. TYPE OF APPLICANT: <input checked="" type="checkbox"/> Other (specify)			
Other (Specify): VA-ORD			
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es): <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify):			
Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?			
9. NAME OF FEDERAL AGENCY: Office of Research and Development		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE:	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
12. PROPOSED PROJECT: Start Date		13. CONGRESSIONAL DISTRICT OF APPLICANT	
Ending Date			

- Item 1** –check “Application”
- Item 2** –Leave blank
- Item 3** - Leave blank
- Item 4a**– Federal Identifier:
 - New Submission – leave blank
 - Resubmissions – Previous assigned grant number
- Item 4b** - Enter your station #
- Item 4c** - Leave blank
- Item 5** – Applicant Information
DUNS# get from Research Office
Person to be contacted: Get from Research Office
- Item 6** – EIN #: get from research office
- Item 7** –X: Other and then VA-ORD in the space below
- Item 8:** new or resubmission
- Item 9:** ORD
- Item 10** –Pre-populated (if blank leave blank)
- Item 11:** Enter Title of Project (*no more than 200 characters, including spaces*)
- Item 12** –Start/End dates
- Item 13**- get from Research Office

Some Research Offices or Centers may complete this for you...



14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization Name:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

15. ESTIMATED PROJECT FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	<input type="text"/>	a. YES	<input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/>
b. Total Non-Federal Funds	<input type="text" value="0.00"/>	b. NO	<input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
c. Total Federal & Non-Federal Funds	<input type="text"/>		<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Estimated Program Income	<input type="text" value="0.00"/>		

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

I agree

*The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

Signature of Authorized Representative	Date Signed
<input type="text" value="Completed on submission to Grants.gov"/>	<input type="text" value="Completed on submission to Grants.gov"/>

20. Pre-application

21. Cover Letter Attachment

- Item 14** - PI's information, will transfer to other sections of the form
- Item 15a** – Enter total funds requested for the entire project (*must be same total as Section G on the Cumulative Budget Page*)
- Item 15b** – 0
- Item 15c** - Same as 15a
- Item 15d** – 0
- Item 16** – check NO, Program is not covered by E.O. 12372
- Item 17** – check agree
- Item 18** – Leave blank
- Item 19** – get from your Research Office
- Box 20 and 21** – Do not add any attachments

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001
Expiration Date: 6/30/2016

1. Are Human Subjects Involved? Yes No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes No

If yes, check appropriate exemption number. 1 2 3 4 5 6

If no, is the IRB review Pending? Yes No

IRB Approval Date:

Human Subject Assurance Number:

2. Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number:

3. Is proprietary/privileged information included in the application? Yes No

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment? Yes No

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? Yes No

4.d. If yes, please explain:

5. Is the research performance site designated, or eligible to be designated, as a historic place? Yes No

5.a. If yes, please explain:

6. Does this project involve activities outside of the United States or partnerships with international collaborators? Yes No

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

- Human subjects (yes)
- Project exempt (no)
- IRB pending (yes)
- Human Subject Assurance Number: Get FWA # from Research Office
- Vertebrate animals (no)



RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001
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1.a. If YES to Human Subjects
Is the Project Exempt from Federal regulations? Yes No
If yes, check appropriate exemption number. 1 2 3 4 5 6
If no, is the IRB review Pending? Yes No
IRB Approval Date:
Human Subject Assurance Number:

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9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

- Proprietary information (no)
- Environmental impact (no)
- Historic sites (no)
- Activities outside US or with international collaborators: If yes, countries, Do not respond to 6b.

RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001
Expiration Date: 6/30/2016

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1.a. If YES to Human Subjects
Is the Project Exempt from Federal regulations? Yes No
If yes, check appropriate exemption number. 1 2 3 4 5 6
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6.a. If yes, identify countries:

6.b. Optional Explanation:

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

- **Project Abstract** (40 lines max, do NOT add words Project Summary)
- **Project Narrative** (10 lines max, do NOT add words Proj Narrative) (relevance statement, *NOT the research plan!!*)
- **Bibliography** (4 page limit)



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RESEARCH & RELATED Other Project Information

OMB Number: 4040-0001
Expiration Date: 6/30/2016

1. Are Human Subjects Involved? Yes No

1.a. If YES to Human Subjects
Is the Project Exempt from Federal regulations? Yes No
If yes, check appropriate exemption number. 1 2 3 4 5 6
If no, is the IRB review Pending? Yes No
IRB Approval Date:
Human Subject Assurance Number:

2. Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals
Is the IACUC review Pending? Yes No
IACUC Approval Date:
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4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? Yes No

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6.a. If yes, identify countries:

6.b. Optional Explanation:

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

- **Facilities & Other Resources** (only describe those relevant to CDA— describe how the scientific environment in which research will be done contributes to probability of success, i.e., institutional support, physical resources, intellectual rapport)
- **Equipment** (list)
- **Other attachments** (rest of application)



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Item 12 Attachments for CDA

- **01_VA_Intro.pdf**
- **02_VA_Specific_Aims.pdf**
- **02a_VA_Research_Plan.pdf**
- **02b_VA_Career_Plan.pdf**
- **02c_VA_Mentoring_Plan.pdf**
- ~~03_VA_Prog_Report_Pubs.pdf~~
- **04_VA_Human_Subjects.pdf**
 - Must include Inclusion Enrollment Report
- ~~05_VA_Animals.pdf (N/A)~~
- ~~06_VA_Multiple_Pi.pdf (N/A)~~
- **07_VA_Agreements.pdf**
 - Only for existing consortium or contractual agreements
- **08_VA_Director_Letter.pdf**
 - Medical Center Director, ACOS/R&D, Service Chief or Section Head Letters
- ~~08a_VA_R_D_Committee_Letter.pdf~~
- **08b_VA_Letters.pdf**
 - CDA uses order: LOI, Mentor(s), Consultants, ACOS/R, Service Chief, Reference Letters
 - Need HSR&D COIN Letter if at site
- **09_VA_Checklist**
 - **Will NOT be reviewed without this!**
- **10_VA_Appendix_1_Abbreviations.pdf**
- **11_VA_Appendix_2_Financial_Disclosure.pdf**
- **12_VA_Appendix_3_Data_Plan.pdf**
 - VA new Data Management & Access Plans mandated inclusion – no review w/o one
- **13_VA_Appendix_4_Manuscripts.pdf**



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Project/Performance Site Location(s)

- Primary location is submitting VAMC
- Get Congressional district # from Research Office
 - May be pre-populated at your VAMC
 - Can google it if need be

[View Burden Statement](#) OMB Number: 4040-0010
Expiration Date: 9/30/2016

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

[Delete Entry](#) [Next Site](#)

Additional Location(s) [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)



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Senior/Key Person Profile

Expiration Date: 6/30/2016

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator	
Prefix: <input type="text"/>	* First Name: <input type="text"/> Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>
Position/Title: <input type="text"/>	Department: <input type="text"/>
Organization Name: <input type="text" value="VA Greater Los Angeles Healthcare System"/>	Division: <input type="text"/>
* Street1: <input type="text" value="11301 Wilshire Blvd"/>	
Street2: <input type="text"/>	
* City: <input type="text" value="Los Angeles"/>	County/ Parish: <input type="text"/>
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="900731003"/>
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>
* E-Mail: <input type="text"/>	
Credential, e.g., agency login: <input type="text"/>	
* Project Role: <input type="text" value="PD/PI"/>	Other Project Role Category: <input type="text"/>
Degree Type: <input type="text"/>	
Degree Year: <input type="text"/>	
* Attach Biographical Sketch <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Attach Current & Pending Support <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

PROFILE - Senior/Key Person 1	
Prefix: <input type="text"/>	* First Name: <input type="text"/> Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>
Position/Title: <input type="text"/>	Department: <input type="text"/>
Organization Name: <input type="text"/>	Division: <input type="text"/>
* Street1: <input type="text"/>	
Street2: <input type="text"/>	
* City: <input type="text"/>	County/ Parish: <input type="text"/>
* State: <input type="text"/>	Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text"/>
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>
* E-Mail: <input type="text"/>	
Credential, e.g., agency login: <input type="text"/>	
* Project Role: <input type="text"/>	Other Project Role Category: <input type="text"/>
Degree Type: <input type="text"/>	
Degree Year: <input type="text"/>	
Attach Biographical Sketch <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Attach Current & Pending Support <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

To ensure proper performance of this form, after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.

- Your name will be pre-populated
- Enter your eRA username
 - If you do not have one, you will need to get one asap!
- Attach your biosketch and other support page
- Other names will need to be entered in alpha order
- Attach biosketches and other support forms for mentors/co-mentors



Biosketches

OMB No. 0925-0001 and 0925-0002 (Rev. 10/15 Approved Through 10/31/2018)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors. Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY

Please refer to the Biographical Sketch sample in order to complete sections A, B, C, and D of the

- **Another item that should not be left to last minute – review for consistency w/rest of application**

- **5 pages max**
- **Personal statement**
 - Why your experience and qualifications make you particularly well-suited for role
- **Very important that mentors target you as applicant/mentee**
- **Also attach Other Support page**



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CDA Budget

- **See wide variation in budget thoroughness**
 - Yet another item to not leave to the last minute
- **Include applicant's salary and benefits**
- **Option to request supplemental resources**
 - Up to \$40,000/year for 1st 3 years if based at an HSR&D Center of Innovation
 - Up to \$50,000/year for 1st 3 years if not
 - HSR&D not obligated to provide these funds and could withdraw them if other funds available



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CDA Budget (cont'd)

- **Cost of living adjustments may be included for all VA-paid salaries (max 3%/year)**
 - Not permitted for IPAs or other budget categories
 - VA/OPM COLA rules change so double check
- **CDA and thus budget duration max 5 years**
 - CDA physician/other clinicians max 6/8ths appt
 - CDA non-clinician may vary from 5/8ths to 8/8ths
 - 100% CDA time committed to research/CDA activities



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CDA Budget (cont'd)

RESEARCH & RELATED BUDGET - Budget Period 1 OMB Number: 4040-0001

ORGANIZATIONAL DUNS: Enter name of Organization:

Budget Type: Project Subaward/Consortium Budget Period: 1 Start Date: End Date:

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Role: <input type="text"/>											

Additional Senior Key Persons: Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)	
		Cal.	Acad.	Sum.				
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/> Total Number Other Personnel							Total Other Personnel	<input type="text"/>
							Total Salary, Wages and Fringe Benefits (A+B)	<input type="text"/>

- Pay attention to new budget instructions
- Previous HSR&D budget table no longer used
- Section A PI name only; Section B all Other Personnel



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CDA Budget (cont'd)

- **Total of all direct expenses = IPA cost, equipment, supplies, per diem, consultant(s), etc. listed in F8 as well as all other direct costs**
- **Budget justification**
 - 1st page = Budget Summary Worksheet
 - Rest of pages need to include justification for each personnel and other direct costs

F. Other Direct Costs				Funds Requested (\$)
1.	Materials and Supplies			
2.	Publication Costs			
3.	Consultant Services			
4.	ADP/Computer Services			
5.	Subawards/Consortium/Contractual Costs			
6.	Equipment or Facility Rental/User Fees			
7.	Alterations and Renovations			
8.				
9.				
10.				
Total Other Direct Costs				
G. Direct Costs				Funds Requested (\$)
Total Direct Costs (A thru F)				
H. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
Total Indirect Costs				
Cognizant Federal Agency <small>(Agency Name, POC Name, and POC Phone Number)</small>				
I. Total Direct and Indirect Costs				Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)				
J. Fee				Funds Requested (\$)
K. Budget Justification				
<small>(Only attach one file.)</small>				
		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>



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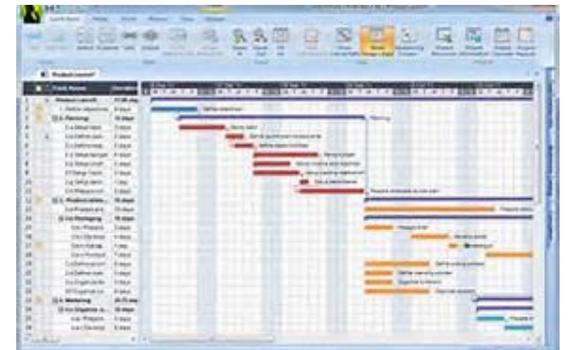
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Gantt Charts

- **What is a Gantt chart?**
 - Type of bar chart
 - Developed by Henry Gantt (1910s)
 - Start and finish dates
 - Summary elements of projects
 - Work breakdown structure
 - Some show dependency relationships from task-to-task
 - Some show outcome/products
 - Activities 1st column, time top row
 - Useful for summarizing activities in research and career plans
 - Often embedded in narrative, also in justification
 - Annual too broad, monthly too detailed



FREE MS/ PROJECT



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Cumulative Budget

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

Equipment item	Funds Requested (\$)
<input type="text"/>	<input type="text"/>

Additional Equipment:

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text"/>

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	<input type="text"/>
Total Participant/Trainee Support Costs	<input type="text"/>

- This section is no longer in use



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Summary Budget Worksheet

- Strongly recommend you work with local Center and/or Research Office budget staff to complete

SUMMARY BUDGET WORKSHEET - Single Site

Expense Category	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5		
Primary Site:							
VA PI ONLY (Section A, top line)						Yr 1 Effort (Cal Mo)	Degree
PI Salary		0	0	0	0		
PI Fringe		0	0	0	0		
Other VA Personnel (include Sr/Key VA personnel, exclude IPAs)						Total Yr 1 Effort (Cal Mo)	# unique staff
Hired - Salary		0	0	0	0		
Hired - Fringe		0	0	0	0		
TBH - Salary		0	0	0	0		
TBH - Fringe		0	0	0	0		
Total Other VA Personnel Salary Fringe (Section B, last line)	0	0	0	0	0	0.0	0
Total Personnel (Total Salary, Wages and Fringe Benefits A+B)	0	0	0	0	0		
Equipment/Start-up (total-do not itemize)	0	0	0	0	0		
Travel	0	0	0	0	0		
Other Direct Costs (List any subcategory over \$5000, lump remainder)						Total Yr 1 Effort (Cal Mo)	# unique persons
IPAs		0	0	0	0		
Consultants		0	0	0	0		
add...		0	0	0	0		
add...		0	0	0	0		
add...		0	0	0	0		
add...		0	0	0	0		
Other direct costs		0	0	0	0		
Subtotal Other Direct	0	0	0	0	0		
Subtotal Costs (Equipment, Travel, Other Direct, Other Sites) (Section F, Line 8)	0	0	0	0	0		
Total Project	0	0	0	0	0		0



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Human Studies Section

- **Clearly state specific aim/project/objective that include need for IRB approval (or waiver)**
 - Include when it will occur in CDA timeline
 - For each aim/project, describe risk to subjects
 - Human subjects involvement and characteristics
 - Subject population characteristics (#, age range, health status)
 - Identify inclusion/exclusion criteria of any subpopulation
 - Explain rationale for involvement of special classes (e.g., vulnerable population members such as pregnant women)
 - Indicate whether all subjects recruited for study will be Veterans or non-Veterans (justification needed for latter)
 - Potential risks (physical, psychological, social, legal,...)
 - Assess likelihood and seriousness to subjects



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Human Studies Section

- **DO NOT LEAVE TO THE LAST MINUTE!**
- **While score will chiefly reflect substance of career and research plans, reviewers DO indeed review this section**
 - Matter of grantsmanship, thoroughness, thoughtfulness, and core basic PI knowledge
 - Reflects level candidate is plugged into Center or other relevant resources
 - Reflects evidence of mentorship and oversight



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Human Studies Section

- **Do not try to use to subvert other page limits**
- **Should be reasonably detailed and complete**
- **Demonstrates your knowledge/cognizance of what it takes to realistically conduct research**
 - Anticipate that if your research plan has 3 projects, you will have at least 3 sub-sections to address human studies issues for each



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Human Studies Section

- **Sources of materials**
 - Identify sources of research material obtained from individually identifiable living human subjects (e.g., records, data, specimens)
 - Indicate whether material or data will be obtained specifically for research purposes or whether use will be made of existing records, data, etc.
 - **Reality check** → Expectation is that you have really thought this through, that someone with experience/training has helped guide you



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Human Subjects Section

- **Adequacy of protection from risk**
 - Recruitment and informed consent
 - Subject recruitment plans, process for getting consent
 - Include description of circumstances under which consent will be sought/obtained, who will seek it, nature of info to be provided to prospective subjects
 - Method of documenting consent (do NOT include consent document though)
 - Protection against risk
 - Planned procedures for protecting again or minimizing potential risks (including confidentiality, data security)
 - Assess likely effectiveness



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Human Subjects Section

- **Potential research benefits to subjects, others**
 - Discuss why risks are reasonable in relation to anticipated benefits
- **Importance of knowledge to be gained**
 - Discuss why risks are reasonable in relation to knowledge that reasonably may be expected to result
- **Address inclusion of women, minorities and/or children**
 - BUT, if including children, need CRADO approval



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Institutional Support Letters

- **Medical Center Director**
 - Must include statement that Director understands impact of proposed research on facility's organization and that he/she endorses project
 - VA space and necessary support will be available
 - Commitment to provide a VA-paid appt for clinician CDA for duration of CDA-2 award
 - Commitment to offer clinician CDA at least a 5/8ths VA staff appointment at end of award



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Institutional Support Letters

- **ACOS/R&D Letter**
 - Letter of support, acknowledge commitment to review nominee progress and development as VA research scientist at least annually
- **Service Chief or Section Head Letter**
 - Statement describing nominee's proposed clinical duties on receiving CDA
- **COIN Director Letter (if you have a COIN)**



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Letters of Support

- **All letters/memoranda from all individuals confirming their roles/participation in CDA**
 - Must be scanned and submitted as a single PDF
- **Include letters by mentor and co-mentor(s)**
 - Individual letters (one letter signed by many not advisable)
 - Document role and willingness to participate
 - How they will each contribute and work together in development of candidate's research career



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Letters of Support (Mentor(s))

- **Describe how planned activities will be structured to prepare candidate to submit IIR in mid-term of award**
 - Include research *and* other developmental activities (e.g., seminars, scientific meetings, training, presentations)
 - Discuss expectations for publications over CDA and define aspects of proposed research candidate will be allowed to take with him/her to start their own research program
- **Nature and extent (%) of supervision and mentoring, commitment to candidate's development during CDA**
- **Nature of resources that will be committed to CDA**
- **Previous mentorship experience (type, #, dates, VA/non-VA, career outcomes) (table recommended)**



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Letters of Support (Others)

- **Consultant Letters**

- Include letters from other individuals and other institutions providing support/resources
- Specify rate/charges for service if relevant

- **Reference Letters (3)**

- Should be obtained from professional colleagues, former/current teachers, former mentor, etc.
- Important, should address competence and potential to develop into independent PI
- Only those who can make most meaningful comments
- Where possible, **not** from current department/org



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Letters of Support: *Reality Check*

- **Mentor letters require significant time to do well, often 3-5 pages**
 - Should not be written too early though as they should include boundary-spanning summaries
 - *Example:* If a reference letter unexpectedly raises an issue/concern, mentor letter can address
- **Reference letters also take time to do well**
 - Sometimes difficult to identify optimal writers
 - Sometimes hard to track them down, orient to CDA expectations, etc.
- **Best to update all letters on resubmission**



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Appendices

- **Do not use to circumvent page limits**
 - Could be administratively withdrawn from review
- **Add summary sheet listing all appendix items**
 - Encouraged but not required (can be 1st page of Appendix 1)
- ***Appendix 1: Abbreviations***
- ***Appendix 2 (1st submissions only): Signed LOI approval letter, LOI cover letter through LOI narrative (but *not* LOI biosketches)***



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Other Appendices

- **Up to 3 scientific publications as PDFs**
 - Manuscripts and/or abstracts accepted for publication but not yet published
 - Manuscripts and/or abstracts published but w/o free, online, publicly available journal link
 - Patents directly relevant to CDA
- **Data collection tools** (e.g., surveys, interview guides)
- **No photographs/images in Appendices**



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Remember!

- **Applications that do not meet formatting and content requirements or are incomplete will be administratively withdrawn and not reviewed**
- **CDA applications are complex, multifaceted proposals with lots of moving parts, all of which have to agree with each other**
 - This is aspect that takes time, attention to detail
 - Not just somebody else's job, it's yours!



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Suggested Next Steps

- **In our Center, we recommend conducting “mock reviews” in addition to scientific scans**
 - Each HSR&D Center and non-HSR&D research program may have different approaches
 - Some may have no pre-review other than traditional Research Service oversight
 - Some have local scientific review committees or scientific scan procedures with different goals in mind
 - Not all local scientific review is “created equal” (i.e., sometimes senior, sometimes junior members, may or may not be oriented to CDA criteria and expectations)



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Suggested Next Steps (cont'd)

- **Mock reviews provide opportunity *in advance of spending one of those 3 precious CDA review cycles***
 - Consistent with theme of submitting your best possible application
 - Mentor(s) may help select 3 reviewers for mock review, have a formal meeting, allow the applicant to listen in “like a fly on the wall”
 - Not for everyone, have to have a relatively thick skin...
 - Probably need to develop one anyway (think of grants and papers like lifetime of “auditions”)



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Suggested Next Steps (cont'd)

- **Reminder of another theme – *a CDA is not the only pathway to a successful career***
 - Competition was especially fierce this last round, but applications and funding ebb and flow
 - If getting a CDA is likely to take a 2nd if not 3rd application, realize the time investment involved



- Consider pilots, operations projects, smaller IIRs



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Conclusion

- **Be prepared to invest in yourself either way**
 - Time, tenacity, organic evolution, iterative process
 - Health services research a team science now more than ever
 - Multidisciplinary (no one discipline sufficient anymore)
 - Partnered research (working with others who have different knowledge, needs, priorities and pressures)
 - Be prepared to pursue work and learnings outside your comfort zone on your path to excellence!



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