

California Initiative to Advance Precision Medicine (CIAPM) Request for Applications: Representative Precision Medicine Research Through Partnerships

Frequently Asked Questions (Last Updated on 11/4/2025)

Please find the RFA here: [CIAPM Request for Applications for Representative Precision Medicine Research through Partnerships](#). Applicants are encouraged to email ciapm@chhs.ca.gov with specific questions.

1. Q: Can we have more than one partner?

A: Yes. Please refer to Page 6 of the RFA, under Definitions of Key Roles:

Partner Organization(s) (Required): The co-lead organization(s) should be either (1) at least one nonprofit community-based organization, patient advocacy group, community clinic, or public or Tribal entity that adds lived experience, expertise, and/or community or data assets OR (2) another California non-profit academic research institution that adds capacity, expertise, capability, scalability, and/or training opportunities. The Partner Organization is a subawardee. By the Letter of Intent stage, partnerships are recommended but not required. By the Initial Application stage, partnerships are a required component of the application.

2. Q: Are multiple PI applications permitted?

A: Yes. Please see Page 6 of the RFA, under Definitions of Key Roles:

Lead PI (Required): Leads the project's scientific development and execution; holds a faculty position at the Primary Institution; limited to only one person.

Co-PI (Required): Leads the partner organization's aspect of the project's development and execution; holds a permanent leadership role at the partner organization; limited to one person per partner organization.

PI (Optional): Co-leads the project's development and execution at the primary institution or partner organization; the project can have multiple PIs or none.

Co-I (Optional): Involved with, but does not lead, the project's development and execution at the primary institution or partner organization; the project can have multiple Co-Is or none.

3. Q: Does the partner institution, particularly if a community organization, have to have a “research background”?

A: No, but the partner organization would need to understand and complement the purpose and goals of the study. Please see Page 1 of the RFA, under Eligibility: the partner institution must be “a nonprofit community-based organization or clinic, patient advocacy group, or public or Tribal entity that adds lived experience, expertise, and/or community/data assets.” Please also see Page 2, under Overview: “Partnerships should aim to break down silos between academic institutions and communities (academic-community partnerships) . . . and foster co-learning in which partners’ strengths and capacity needs are acknowledged for meaningful integration of perspectives.”

4. Q: Is a certain population considered underrepresented?

A: Please see the Project Plan instructions on Page 10 of the RFA, “The applicant must demonstrate that the study population is, or includes, populations that are underrepresented in research studies, such as racial and ethnic minoritized populations, older adults, pregnant and lactating individuals, LGBTQ+ populations, persons with physical or developmental disabilities, intersecting identities among these communities, and people whose demographic characteristics better match the disease burden or health condition.” Applicants are expected to demonstrate that their study population is underrepresented in research studies.

5. Q: Is there a requirement on how the budget should be allocated between the primary institution and community partners? In other words, is there a required % of the budget that should be allocated to the CBO partner?

A: Yes, 15%. Please refer to Page 13 of the RFA, under Budget Overview: “A minimum 15% of the budget must be allocated to the community or academic partner. We highly recommend that project teams strive for budget equity and that projects include a budget for research coordination at these organizations if these activities are not already supported.”

6. Q: Are projects that develop educational tools/resources welcome?

A: Yes, this is a required component. Please see Page 2 of the RFA, under Overview: “The proposed research must also include the creation of promotional materials that encourage participation of individuals from underrepresented populations in the research study and that describe the importance of biomedical research in the context of the research question and populations engaged. The materials would potentially be disseminated by CIAPM in reports, on the CIAPM website, and/or in convenings to increase

capacity among State and non-State employees to discuss and encourage participation in biomedical research with underrepresented communities.”

Please also see the Promotional Materials Creation Plan section on Page 12 and 16, the Potential for Public Benefit section on Page 20, and the Promotional Materials Creation section on Page 25.

7. Q: Can your agency help facilitate any partnerships between CBOs and academic institutions?

A: Please see resources regarding partnerships with community-based organizations in the RFA under the Resources sections on Pages 23-24 and Appendix A: CIAPM Guidance on Authentic Research-Community Partnerships, on Pages 26-27. Please also refer to [CIAPM’s Precision Medicine Asset Inventory](#). Please email ciapm@chhs.ca.gov with any further questions regarding partnerships.

8. Q: Will you post a map of where significant federal funding has been received so that we can understand the regions that you want prioritized?

A: We recommend applicants refer to tools such as [NIH RePORTER](#) or the [NIH Awards by Location and Organization - NIH Research Portfolio Online Reporting Tools \(RePORT\)](#) to identify any regional differences in recent investment in federal biomedical research funding in California.

9. Q: Are the webinar recordings available?

A: Yes, the webinar recording is [available here](#).