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

Summary

Key Dates

RFA Release:	October 15, 2025
RFA Informational Webinar:	October 30, 2025 (3:00pm PST)
Letter of Intent Deadline:	November 21, 2025 (12:00pm PST)
Initial Application Deadline:	January 23, 2026 (12:00pm PST)
Notification of Finalists:	March 13, 2026
Full Application Deadline:	April 24, 2026 (12:00pm PST)
Notification of Awards:	May 2026 (earliest possible)
Awards Start:	June 2026 (earliest possible)
Awards End:	December 2028

Eligibility

1. The Lead PI must be a faculty at a California non-profit academic research institution.
2. Projects must be co-led by at least one Co-PI at either (1) 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 OR (2) another California non-profit academic research institution that adds capacity, expertise, and/or training opportunities.
3. Current and former CIAPM Lead PIs are ineligible to serve as a Lead PI, Co-PI, or PI on an application but may serve other roles (such as co-investigator or consultant) within the project team. Team members who are not current or former CIAPM Lead PIs but have served other roles on a CIAPM-funded project are eligible to apply as the Lead PI.
4. Projects must take place in California, and data should focus on people that live in California but are not limited to only California populations.
5. Applicants may serve as the Lead PI for only one application. There will not be more than one award per primary institution, but several Lead PIs may apply from one primary institution (i.e., this is not a limited submission).

Project Budget

CIAPM will award $6 million to support approximately 3-5 project teams conducting representative precision medicine research projects in California over a 2.5-year project term.

Selection Criteria

1. Significance
2. Potential for Public Benefit
3. Approach
4. Suitability of the Partnership to Advance the Project
5. Overall Impact

Please see potential additional selection considerations in the “Selection” section.

Contact Us

Applicants are encouraged to submit questions and consult with CIAPM staff to ensure their application is responsive to this RFA. Email ciapm@chhs.ca.gov with subject line “Partnerships Representative Research RFA.” CIAPM staff will strive to respond within 48 business hours; response times may be longer as deadlines approach.

Overview

The California Initiative to Advance Precision Medicine (CIAPM) will award **$6 million** to support approximately **3-5 project teams** conducting representative precision medicine research projects in California over a **2.5-year project term**. Precision medicine calls for the modern application of scientific data and clinical practice toward the individualization of prevention, diagnosis, measurement, and treatment of disease and wellbeing. This funding opportunity aims to support precision medicine and representative research that leverage partnerships within California, include underrepresented populations, who have been underrecognized or historically excluded, as research participants, and reduce health disparities, so that research benefits all people within California and promotes health innovation for all California communities.

Research teams must be co-led by at least one California non-profit academic research institution and 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. Partnerships should aim to break down silos between academic institutions and communities (**academic-community partnerships**) or between academic institutions (**academic-academic partnerships**), connect different areas and methods of analyses within precision medicine (such as cellular and biological systems as well as community, population, and societal systems), and foster co-learning in which partners' strengths and capacity needs are acknowledged for meaningful integration of perspectives. Partnership authenticity should be evident from project conception to completion and beyond.

Research projects must aim to make biomedical research more inclusive, and thus more applicable and beneficial to all Californians. The applicant must describe how their application will support representative research, incorporate a precision medicine approach to study health disparities, potentially including social determinants of health data, and leverage partnerships. Projects must take place in California, and data should focus on people that live in California but are not limited to only California populations. Projects must demonstrate prioritization of recruiting, enrolling, and retaining participants who are from underrepresented populations.

The proposed research must include a deliverable of a precision medicine asset, such as a new dataset, previous datasets that have been integrated and/or optimized for interoperability, new methodology, services, resources, or a database for patients or interested research participants. 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.

All application materials will be accepted electronically by the California Health and Human Services Agency via the online CIAPM submission portal, according to the timeline below.

Timeline

RFA Release:	October 15, 2025
RFA Informational Webinar:	October 30, 2025 (3:00pm PT)
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Awards End:	December 2028

Register for the Informational Webinar to be held on October 30, 2025 at 3:00pm PT.

Background: Precision Medicine

Precision medicine holds promise to profoundly transform health, health care, and biomedical research. As envisioned in the National Academy of Sciences (NAS) 2011 report, *Toward Precision Medicine: Building a Knowledge Network for Biomedical Research and a New Taxonomy of Disease*, this approach aims to aggregate, integrate, and analyze vast amounts of data from research, clinical, personal, environmental, and population health settings to develop and deliver more precise preventive measures, diagnostics, and therapeutics. Precision medicine also considers the social determinants of health and the whole person, such as age, cultural background, disability status, ethnicity/race, gender identity, geographic location, religion or faith, sexual orientation, and socioeconomic status. Creating models of access for precision care for all communities is vital to reduce health disparities and positively impact clinical outcomes across subpopulations and all communities.

As described in the report, Precision Medicine: An Action Plan for California, "precision health and medicine is not about one disease, or specific type of data, but more about the transition of medicine to unlocking new exciting insights and expanding our knowledge beyond what we currently know." Additionally, the NAS 2022 report, Improving Representation in Clinical Trials and Research: Building Research Equity for Women and Underrepresented Groups, states that large portions of the U.S. population, and those that often face the greatest health challenges, are less able to benefit from these discoveries because they are not adequately represented in clinical research studies. Both the Action Plan and the NAS 2011 Report emphasize the value of partnerships in driving precision medicine and representative research forward by fostering cross-sector collaboration and increasing shared knowledge and resources. Specifically, partnerships between community-based organizations and researchers can break down silos by integrating lived experiences and social determinants of health within the research process, potentially leading to increased engagement and retention among underrepresented communities who have been underrecognized or historically excluded in research. Further, partnerships between research institutions can break down data and resource silos, leading to more comprehensive precision medicine approaches to reduce health disparities. Building on these principles, this Request for Applications (RFA) seeks to support representative precision medicine research in California that leverages **academic-community or academic-academic partnerships**.

Background: CIAPM

The California Initiative to Advance Precision Medicine (CIAPM) was established by the State of California in 2015 support cutting-edge biomedical and health research that harnesses data to generate new insights, prioritize whole-person care, and advance community-driven solutions to reduce health inequities (Health and Safety Code, §§ 130300 - 130304). The mission of the Initiative, which is currently administered by the California Health and Human Services Agency (CalHHS), is to drive the development of innovative technologies and personalized strategies and to coordinate cross-sector partnerships for prevention, diagnosis, and treatment to improve the health and well-being of all Californians. To date, CIAPM has funded 21 research projects designed to reduce health disparities in fields such as traumatic brain injury, multiple sclerosis, heart disease, mobile health, cancer, adverse childhood experiences, and depression.

Background: Representative Research

Historically, clinical research has been characterized by a lack of representation that does not match the demographics of the disease burden or health condition under study. This lack of representation compromises the generalizability of clinical research findings to the total population, hinders innovation, limits access to effective medical interventions and treatments, and compounds health disparities in the populations underrepresented in clinical research. Additionally, advances in biomedical research might not be as effective for people from underrepresented communities, who have been underrecognized or historically excluded in research studies, or may even be harmful. Populations underrepresented in research include, but are not limited to, racial and ethnic minoritized populations, older adults, pregnant and lactating individuals, LGBTQ+ populations, and persons with physical or developmental disabilities. Clinical research and clinical trials that better match the demographics of the disease or health condition of interest address the historical lack of representation in research and results in *representative research*[1]. Therefore, this RFA will support representative precision medicine research within California that includes underrepresented populations and reduces health disparities, with the view that research benefits all people within California and promotes health innovation for all California communities.

Definitions of Key Terms

Underrepresented Populations: Populations whose demographic characteristics are not represented or who do not benefit from the research ecosystem and have been underrecognized or historically excluded in research studies, which can include, but are not limited to, people from racial and ethnic minoritized communities, older adults, pregnant or lactating people, LGBTQ+ populations, rural communities, youth, and/or people with physical or developmental disabilities[1].

Representative Research: Research that better matches the demographics of the disease or health condition of study, often by including or focusing on underrepresented populations in research studies[1].

Precision Medicine: An approach that aims to aggregate, integrate, and analyze vast amounts of data from research, clinical, personal, environmental, and population health settings, to better

[1] National Academies of Sciences, Engineering, and Medicine. 2022. Improving Representation in Clinical Trials and Research: Building Research Equity for Women and Underrepresented Groups. Washington, DC: The National Academies Press. https://doi.org/10.17226/26479 .

understand health and disease, and to develop and deliver more precise diagnostics, therapeutics, and prevention measures[2].

Health Disparities: Largely preventable differences in health outcomes that adversely affect populations and are closely linked with intergenerational social, economic, and/or environmental disadvantages[3].

Funding Opportunity for Representative Precision Medicine Research Through Partnerships

The 2011 NAS report[1] emphasizes the need for strong partnerships and collaboration to achieve the vision of precision medicine, and that pilot projects should be undertaken at various levels to identify barriers, define effective practices, and achieve some early, albeit modest scale, successes. Therefore, one of CIAPM's primary approaches is to support collaborative research projects that leverage the state's expansive and diverse patient data, research expertise, and technological capabilities to advance precision medicine while reducing health disparities, engaging communities, and working toward a healthier, more equitable society.

This RFA for representative precision medicine research that leverages partnerships within California also aligns with CalHHS's Strategic Priorities so that "All Californians have meaningful and timely access to care, live in healthy communities, and our zip codes no longer predict our health outcomes."

Purpose: Representative Precision Medicine Research Through Partnerships

Precision medicine offers the opportunity to support representative research that develops insights from previous or newly generated datasets and includes partnerships that leverage research, clinical, and/or community expertise to reduce health disparities and work towards a healthier, more equitable society.

For this RFA, up to **$6 million** will be provided to support approximately **3-5 project teams** conducting representative precision medicine research projects in California over a **2.5-year project term**. The Lead PI must hold a faculty position at a California non-profit academic research institution. Projects must be co-led by 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 community or data assets OR (2) another California non-profit academic research institution that adds capacity, expertise, capability, scalability, and/or training opportunities. Partnerships should aim to break down silos between academic institutions and communities or between academic institutions, connect different areas and methods of analyses within precision medicine (such cellular and biological systems as well as community, population, and societal systems), and foster co-learning in which partners' strengths and capacity needs are acknowledged for meaningful integration of

[2] Precision Medicine: An Action Plan for California. https://ciapm.chhs.ca.gov/docs/reports/20190107-Precision_Medicine_An_Action_Plan_for_California.pdf

[3] National Institute for Minority Health and Health Disparities: What are Health Disparities? https://www.nimhd.nih.gov/about/what-are-health-disparities

perspectives. Partnership authenticity should be evident from project conception to completion and beyond.

Research projects must aim to make biomedical research more inclusive, and thus more applicable and beneficial to all Californians. The applicant must describe how their application will support representative research, incorporate a precision medicine approach to study health disparities, potentially including social determinants of health data, and leverage partnerships. Projects must take place in California, and data should focus on people that live in California but are not limited to only California populations. Projects must demonstrate prioritization of recruiting, enrolling, and retaining participants who are from underrepresented populations.

Definitions of Key Roles

Primary Institution (Required): The California non-profit academic research institution.
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.
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. Co-PI(s) are recommended but not required at the LOI stage and required by the initial application stage.
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.

Application Instructions: Process

Projects will be selected through a three-stage process, involving (1) submission of a Letter of Intent (LOI) to submit an application (required, but not scored) (2) submission of an Initial Application, and (3) submission of a Full Application. By the LOI stage, partnerships are recommended but not required. By the initial application stage, partnerships are a required component of the application. Additional matching funds and in-kind contributions are highly encouraged and will be considered during the selection process.

The LOIs will be screened for eligibility; eligible applicants will be notified. An out-of-state expert selection committee will review the initial applications and provide recommendations for a subset of applicants (Finalists) to be invited to submit full applications. The selection committee will review the full applications and recommend three to five projects to award. Once final selections have been made, CalHHS will notify awardees and all other applicants, post a public announcement, and work with awardees to develop concrete metrics and goals to track the progress of the projects.

All application materials must be submitted electronically by the deadlines listed on page 1. All application materials must address all topics listed below in each respective section, in PDF

format, minimum Arial 11-point font, minimum 0.5-inch margins. Tables and figure legends may use a minimum 10-point Arial font. Figures may use a minimum 8-point Arial font. Tables and figures count towards the page limit.

Applicants are encouraged to submit questions and consult with CIAPM staff to ensure their application is responsive to this RFA. Frequently Asked Questions will be updated periodically on the CIAPM website.

CIAPM will hold an Informational Webinar on October 30, 2025 at 3:00pm PT.

Stage 1: Letter of Intent to Submit an Application

Applicants must submit a 1-page letter of intent (LOI) on or before November 21, 2025 at Noon (12:00 p.m. Pacific Time) via the online CIAPM submission portal, with the required information below:

- A one-page Letter of Intent in PDF format, including:
    - Tentative Project Title (maximum 20 words)
    - Primary Institution
    - Lead PI (Name, Title, and Contact Details)
    - Tentative project description (maximum 250 words)
    - Co-PI(s) (Name, Title, Affiliation, and Contact Details). Note: Co-PI is recommended but not required for the LOI and required for the initial and full application stages.

LOIs are required, nonbinding, but not scored during the selection process, and must be received by the noted deadline. Project team and details can be modified between the LOI and the initial application. An institutional cover letter is not required at this stage but will be required in the full application stage. Letters of support are not accepted at this stage but will be accepted in the full application stage. By the LOI stage, partnerships are recommended but not required. By the initial application stage, partnerships are a required component of the application.

The LOIs will be screened for eligibility; eligible applicants will be notified.

Stage 2: Initial Application

On or before January 23, 2026 at Noon (12:00 p.m. Pacific Time), applicants must submit, via the CIAPM web portal:

- Cover Page (Page Limit: 1)
- Project Plan (Page Limit: 3)
- References (Page Limit: None)
- Aim Development Process (Page Limit: 1)
- Biosketches/Resumes (Page Limit: 5 pages/biosketch, no limit for all biosketches/resumes)
- Budget Overview (Page Limit: 1/2)

Detailed parameters for each of these documents are presented below. All initial application titles and primary institutions (both awarded and not awarded) will be listed publicly on the CIAPM website following the selection process, as per a statutory requirement.

By the initial application stage, partnerships are a required component of the application. Project team and details can be modified between the initial application and the full application. An institutional cover letter is not required at this stage but will be required in the full application stage. Letters of support are not accepted at this stage but will be accepted in the full application stage.

An out-of-state expert selection committee will review the initial applications and provide recommendations for a subset of applicants to advance to the full application stage to CalHHS. The same selection committee will later review the full applications and provide recommendations for awards to CalHHS.

Stage 3: Full Application

An out-of-state expert selection committee will identify a subset of submitted initial applications to advance to the full application stage.

All application materials must be submitted electronically by **April 24, 2026 at Noon (12:00 p.m. Pacific Time).** Applicants must submit, via the CIAPM web portal:

- Cover Page (Page Limit: 1)
- Specific Aims Page (Page Limit: 1)
- Project Plan (Page Limit: 6)
- References (Page Limit: None)
- Aim Development Process (Page Limit: 1)
- Modifications Since the Initial Application (Page Limit: 2)
- Biosketches/Resumes (Page Limit: 5 pages/biosketch, no overall page limit))
- Budget Narrative (Page Limit: 1)
- Human Subjects Research Requirements
- State Law Compliance
- Optional: Letters of Support (Page Limit: None)

Detailed parameters for each of these documents are presented below. Applicants are expected to elaborate on the project plan in the Final Application and include updates or changes from the Initial Application. Please read the project plan descriptions carefully.

The selection committee will recommend three to five projects to award, and CalHHS will notify awardees and all other applicants as early as May 2026. Following a public announcement, CIAPM will work with awardees to develop concrete metrics and goals to track the progress of projects. The 2.5-year projects are anticipated to begin around June 2026.

Application Instructions: Eligibility

1. The Lead PI must hold a faculty position at a California non-profit academic research institution.
2. Projects must be co-led by 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.
3. Current and former CIAPM lead PIs are ineligible to serve as a Lead PI, Co-PI, or PI on an application, but they may serve other roles (such as co-investigator or consultant) within the

project team. Team members who are not current or former CIAPM Lead PIs but have served other roles on a CIAPM-funded project, are eligible to apply as the Lead PI.

4. Projects must take place in California, and data should focus on people that live in California but are not limited to only California populations. Research projects must aim to make participation in biomedical research more inclusive, and thus more applicable and beneficial to all Californians.
5. Projects must demonstrate prioritization of recruiting, enrolling, and retaining participants who are from underrepresented populations, which includes concrete strategies to ensure equitable participation, address barriers to access, and foster trust.
6. Only one application per team will be accepted. An individual may serve as the Lead PI for one application but may contribute to multiple applications in other roles.
7. There will not be more than one award per primary institution, but several Lead PIs may apply from one primary institution (i.e., this is not a limited submission).
8. Additional matching funds and in-kind contributions are highly encouraged and will be considered during the selection process.
9. Research teams may only use awarded funds for direct costs. Indirect costs will not be supported except via subawards to nonprofit community partners.

Stage 2 Initial Application Instructions: Required Sections

Proposed projects should not significantly overlap with CIAPM's current and former project portfolio. Information about projects funded by CIAPM can be found here: CIAPM Demonstration Projects.[4]

Initial Applications must address all topics listed below and include the headings for each section in the application.

Cover Page (Page Limit: 1)

Include the following information:

- Title of the application
- Name and signature of the Lead PI and Co-PI and names of their institutions or organizations
- All other key team members and affiliated organizations or institutions

Project Plan (Page Limit: 3)

1. Advancing precision medicine and representative research

Describe how the proposed project advances both precision medicine and representative research. Please refer to the definitions listed on page 4, the Precision Medicine Primer, and on our CIAPM-funded research projects page.

The application must describe how the proposed research uses a precision medicine approach to include representative research and reduce health disparities. The precision medicine approach should include quantitative and/or qualitative data about a person and their lived experiences and may include social determinants of health and community-engaged research approaches. 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.

2. Project Plan

Describe the components of the proposed project, including specific aims and research strategy. Describe why the topic was selected and why the approach is impactful. Provide rationale for the project by outlining existing strengths, resources, and training or other opportunities available.

3. Data

Each application should demonstrate its commitment to the use of robust data. The application must use an existing institutional, state-level, or national dataset or generate a new one which focuses on representative research, includes populations underrepresented in research, and uses a precision medicine framework.

[4] CIAPM Demonstration Projects page. https://ciapm.chhs.ca.gov/activity/research/index.html

Briefly describe the data set(s) you propose to use or create, the rationale for choosing the selected data to complete the research goals, and how the data set(s) may contribute to better outcomes. Also briefly describe the data ownership and data sharing plan, including the potential for sustainable data access and use, and the expertise and/or training plan to use the dataset while ensuring data security and confidentiality meet standards accepted by the State. For existing datasets, the application must describe the variables of interest and data use agreements (if required) to demonstrate appropriate data access. Listing alternative datasets in case data access changes post-award is encouraged.

Existing datasets could include but are not limited to precision medicine datasets that incorporate data from research, clinical, personal, environmental, and population health settings or state health datasets like the California Health Interview Survey and the California Health and Human Services Open Data Portal. For new datasets, the application must describe the variables and outcomes, and the feasibility to address the research question within the award period. Use and integration of multiple datasets and/or integrated datasets is encouraged (e.g., electronic health records, mobile health device data, registries, and research databases), if possible.

4. Precision Medicine Asset

Describe the precision medicine asset(s) that will be developed as a result of this project, such as infrastructure and tools that will be built, including, but not limited to, new applications, collaborations, consortia, databases, datasets, intellectual property, models for responsible data sharing, participant communities and networks, patient cohorts, personnel competencies, resources, and software. Describe how the application will develop or amplify quality opportunities for trainees and/or students to better apply representative precision medicine research approaches.

5. Role of Partnership(s) in Advancing Project Goals

Describe the role of community or academic partner(s) in advancing project goals and how the partnership would be sustained beyond the funding period, for example through capacity building. Describe the experience and expertise of the partner and how the partnership breaks down silos between academic institutions and communities or between academic institutions, connects different areas and methods of analyses within precision medicine, and fosters co-learning for meaningful integration of perspectives. Describe the team's experience and expertise in advancing equity in precision medicine research. We encourage activities and training in health equity, cultural competency, and community engagement for members of the research team that have limited or no prior experience in these areas. For academic-community partnerships, describe how the partnership ensures that the research is both scientifically rigorous and grounded in real-world needs of the populations/communities it seeks to benefit. For academic-academic partnerships, describe how the partnership will bring together complementary approaches and expertise.

6. Impact for Patients and Participants

Describe opportunities for positive impacts for patients and other participants, in terms of encouraging representative research, reducing health disparities, and/or leveraging precision medicine approaches. If your application includes a community-engaged approach, describe strategies to engage patients, families, and communities for authentic and equitable partnership,

such as developing opportunities to build trust, approaches to ensuring consent, or practical principles for data sharing, privacy, and security. Participation may look different depending on the methodology, topic, and the stage of the research.

7. Promotional Materials Creation Plan

Describe the plan to create promotional materials that encourage participation in the research project by underrepresented populations and that discuss the importance of biomedical research in the context of the research question and populations engaged. Describe how the materials will be designed collaboratively with partners to ensure cultural relevance, accessibility, and ethical messaging. Please describe how the materials will inform, engage, and recruit underrepresented populations while maintaining transparency and trust.

These materials must be suitable to be shared with CIAPM and among State and non-State employees in activities or convenings to increase capacity to discuss and encourage participation in biomedical research with underrepresented communities. Activities or convenings may include trainings or workshops engaging State and non-State employees.

8. Anticipated Challenges and Proposed Solutions

Describe potential barriers to the project's success, especially those that could delay the launch, progress, or completion (e.g., human subjects, health literacy barriers, cultural or language access barriers, mobile patient populations, or data access changes), and describe potential solutions to these challenges. Please consider challenges related to historical abuses in research and mistrust of academic institutions among underrepresented populations who have been underrecognized or historically excluded, how this is related to recruitment and retention, and describe potential solutions.

References (Page Limit: None)

List references cited in the project plan.

Aim Development Process (Page Limit: 1)

Describe how the partnership was developed, the role and specific contributions for each partner in developing the specific aims, and how each of the aims were developed. In your description, please include the components of the proposed project, including specific aims, and how the partnership advances the project goals. CIAPM's goal is to fund projects that are co-designed by academic-community or academic-academic partners. Describe the plan for partners to be engaged throughout the project, including developing the application, planning and participating in the project, and evaluating and sharing project results.

Biosketches/Resumes (no page limit)

Provide biosketches, in NIH format (see link for templates and examples), for each scientific team member, with the Lead PI listed first, followed by the Co-PI. Provide resumes for non-scientific team members, if applicable. Include a cover page that lists the name, title, organization, project role, and expertise for each of the team members. A template for this cover page is given in the table below. Individual biosketches and resumes for a particular team member must not exceed five pages. The cover letter, biosketches, and resumes must be combined into one PDF (no page limit for the entire PDF).

Project Team Biosketch and Resume Cover Page Table

(Add more rows as needed.)

Name	Title	Organization	Role in Project	Expertise

Budget Overview (Page Limit: 1/2 Page)

Briefly provide a high-level overview of how the project funds ($1.2 million to $2 million per project) will be used. Indirect costs to academic institutions will not be supported by CIAPM funds, but indirect costs may be proposed and supported for community-based organizations.

- 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.
- Include information about any additional matching funds or in-kind contributions.
- Comment on why CIAPM funds are needed as opposed to other funding sources, such as federal or philanthropic grants, and can uniquely address the research question in ways other grants cannot.

Note: CIAPM funds are intended to be used exclusively in California, and all project PIs and Co-Is must reside in California. A collaborator or consultant who resides outside of California may receive funds from a CIAPM grant not to exceed $50,000 per individual, unless written justification is provided in the Full Application.

Stage 2 Initial Application Instructions: Submission

Initial Applications must be submitted electronically through the online CIAPM submission portal on or before January 23, 2026 at Noon (12:00 p.m. Pacific Time).

Stage 3 Full Application Instructions: Required Sections

Proposed projects should not significantly overlap with CIAPM's current and former project portfolio. Information about projects funded by CIAPM can be found here: here: CIAPM Demonstration Projects.[4]

Full Applications must address all topics listed below and include the headings for each section in the application.

Cover Page (Page Limit: 1)

Include the following information:

- Title of the application Name and signature of the Lead PI and Co-PI and names of their institutions or organizations
- All other key team members and affiliated institutions or organizations
- For the Primary Institution only, include name, email address, and **signature** of the Vice Chancellor of Research (VCR), Chief Executive Officer (CEO), Principal Grant Officer, or equivalent authorized institutional official.

Note: The signature specified in the last item indicates that the primary institution agrees to administer an award resulting from this application and acknowledges that any award will not cover indirect costs for academic institutions.

Specific Aims Page (Page Limit: 1)

Provide the necessary context and background that lays the foundation for the research goals of the application. List and briefly describe the specific objectives or aims of the research training project, summarize the expected outcome(s) and potential impact. Ensure that the connection to precision medicine, representative research, and reducing health disparities is clear and interwoven through this section.

Project Plan (Page Limit: 6)

Applicants are expected to elaborate on the project plan in the Full Application and include updates or changes from the Initial Application, as necessary. Please read the project plan descriptions carefully. Additional instructions from the Initial Application are marked in red font.

1. Advancing precision medicine and representative research

Describe how the proposed project advances both precision medicine and representative research. Please refer to the definitions listed on page 4 the Precision Medicine Primer, and CIAPM-funded research projects.

The application must describe how the proposed research uses a precision medicine approach to include representative research and reduce health disparities. The precision medicine approach should include quantitative and/or qualitative data about a person and their lived experiences and may include social determinants of health and community-engaged research approaches. 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.

2. Project Plan

Describe the components of the proposed project, including specific aims and research strategy. Describe why the topic was selected and why the approach is impactful. Provide rationale for the project by outlining existing strengths, resources, and training or other opportunities available.

3. Data

Each application should demonstrate its commitment to the use of robust data. The application must use an existing institutional, state-level, or national dataset or generate a new one which focuses on representative research, includes populations underrepresented in research, and uses a precision medicine framework.

Briefly describe the data set(s) you propose to use or create, the rationale for choosing the selected data to complete the research goals, and how the data set(s) may contribute to better outcomes. Also briefly describe the data ownership and data sharing plan, including the potential for sustainable data access and use, and the expertise and/or training plan to use the dataset while ensuring data security and confidentiality meet standards accepted by the State. For existing datasets, the application must describe the variables of interest and data use agreements (if required) to demonstrate appropriate data access. Listing alternative datasets in case data access changes post-award is encouraged. Providing letters of support from dataset owners is optional.

Existing datasets could include but are not limited to precision medicine datasets that incorporate data from research, clinical, personal, environmental, and population health settings or state health datasets like the California Health Interview Survey and the California Health and Human Services Open Data Portal. For new datasets, the application must describe the variables and outcomes, and the feasibility to address the research question within the award period. Use and integration of multiple datasets and/or integrated datasets is encouraged (e.g., electronic health records, mobile health device data, registries, and research databases), if possible.

4. Precision Medicine Asset

Describe the precision medicine asset(s) that will be developed as a result of this project, such as infrastructure and tools that will be built, including, but not limited to, new applications, collaborations, consortia, databases, datasets, intellectual property, models for responsible data sharing, participant communities and networks, patient cohorts, personnel competencies, resources, and software. Describe how the application will develop or amplify quality opportunities for trainees and/or students to better apply representative precision medicine research approaches.

5. Role of Partnership(s) in Advancing Project Goals

Describe the role of community or academic partner(s) in advancing project goals and how the partnership would be sustained beyond the funding period, for example through capacity building. Describe the experience and expertise of the partner and how the partnership breaks down silos between academic institutions and communities or between academic institutions, connects different areas and methods of analyses within precision medicine, and fosters co-learning for meaningful integration of perspectives. Describe the team's experience and

expertise in advancing equity in precision medicine research. We encourage activities and training in health equity, cultural competency, and community engagement for members of the research team that have limited or no prior experience in these areas. For academic-community partnerships, describe how the partnership ensures that the research is both scientifically rigorous and grounded in real-world needs of the populations/communities it seeks to benefit. For academic-academic partnerships, describe how the partnership will bring together complementary approaches and expertise.

6. Impact for Patients and Participants

Describe opportunities for positive impacts for patients and other participants, in terms of encouraging representative research, reducing health disparities, and/or leveraging precision medicine approaches. If your application includes a community-engaged approach, describe strategies to engage patients, families, and communities for authentic partnership, such as developing opportunities to build trust, approaches to ensuring consent, or practical principles for data sharing, privacy, and security. Participation may look different depending on the methodology, topic, and the stage of the research.

7. Promotional Materials Creation Plan

Describe the plan to create promotional materials that encourage participation in the research project by underrepresented populations and that discuss the importance of biomedical research in the context of the research question and populations engaged. These materials must be suitable to be shared with CIAPM and among State and non-State employees in activities or convenings to increase capacity to discuss and encourage participation in biomedical research with underrepresented communities. Activities or convenings may include trainings or workshops engaging State and non-State employees. Describe how the materials will be designed collaboratively with partners to ensure cultural relevance, accessibility, and ethical messaging. Please describe how the materials will inform, engage, and recruit underrepresented populations while maintaining transparency and trust.

Applicants may refer to the following questions in preparing the promotional materials creation plan:

A. Who is the audience for the promotional materials; who are appropriate participants in discussions of engaging underrepresented communities in biomedical research?
B. How may the materials be created and disseminated in a culturally sensitive/informed way, preserve the privacy of underrepresented communities, and maintain scientific rigor and accuracy?
C. What is an effective format and forum/venue for the materials to maximize engagement among State and non-State employees to discuss and encourage participation in biomedical research within underrepresented communities?

8. Anticipated challenges and proposed solutions

Describe potential barriers to the project's success, especially those that could delay the launch, progress, or completion (e.g., human subjects, health literacy barriers, cultural or language access barriers, mobile patient populations, or data access changes), and describe potential solutions to these challenges. Please consider challenges related to historical abuses in research and mistrust of academic institutions among underrepresented populations who have

been underrecognized or historically excluded, how this is related to recruitment and retention, and describe potential solutions.

References (Page Limit: None)

List references cited in the project plan.

Aim Development Process (Page Limit: 1)

Describe how the partnership was developed, the role for each partner in developing the specific aims, and how each of the aims were developed. In your description, please include the components of the proposed project, including specific aims, and how the partnership advances the project goals. CIAPM's goal is to fund projects that are co-designed by academic-community or academic-academic partners. Partners must be engaged throughout the project, including developing the full application, planning and participating in the project, and evaluating and sharing project results. Please provide updates on the development process from the initial to full application.

Modifications Since the Initial Application Stage (Page Limit: 2)

Summarize any significant changes made since the Initial Application and provide rationale or justification for the change (e.g. based on specific selection committee feedback). Please highlight any updates (if appropriate) for new partner organizations and individuals, project team expertise, matching funds, and/or changes made. Please reference specific Full Application items in the response.

Biosketches/Resume (no page limit)

Provide biosketches, in NIH format (see NIH Grants link for templates and examples), for each scientific team member, with the Lead PI listed first, followed by the co-PI. Provide resumes for non-scientific team members, if applicable. Include a cover page that lists the name, title, organization, project role, and expertise for each of the team members. A template for this cover page is given in the table below. Individual biosketches and resumes for a particular team member must not exceed five pages. The cover letter, biosketches, and resumes must be combined into one PDF (no page limit for the entire PDF).

Project Team Biosketch and Resume Cover Page Table

(Add more rows as needed.)

Name	Title	Organization	Role in Project	Expertise

Budget Narrative (Page Limit: 1)

Briefly outline how project funds ($1.2 million to $2.0 million per project) will be used. Indirect costs to academic institutions will not be supported by CIAPM funds, but indirect costs may be proposed and supported for community-based organizations.

- A ***minimum* 15%** of the budget must be allocated to the partner organization. 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.
- Include information about any additional matching funds or in-kind contributions.
- Describe how, if at all, a portion of funds will be used to compensate research participants and/or community advisory board members for their time and/or expertise.
- Include $1,500 per year ($3,000 in total) to cover costs associated with annual site visits and travel to CIAPM events.
- Comment on why CIAPM funds are needed as opposed to other funding sources, such as federal or philanthropic grants, and can uniquely address the research question in ways other funding sources cannot.

Note: CIAPM funds are intended to be used exclusively in California, and all project PIs and Co-Is must reside in California. A collaborator or consultant who resides outside of California may receive funds from a CIAPM grant. For amounts over $50,000 total per individual, written justification must be provided (maximum 1 additional page allowed). The amount of funds that can leave the state will be subject to the final award agreement.

Detailed Budget (Page Limit: 3)

Provide a detailed budget breakdown to support the narrative, using this CIAPM template.[5]

Note: The Budget Section may deviate from the formatting requirements of all other sections in the following ways: landscape or portrait orientation accepted; Font Size 10 or 11 accepted.

Human Subjects Research Requirements

Applications must designate whether Human Subjects Research is proposed by completing the form shown in Appendix B. If the proposed research involves human subjects, please see Appendix B for further instructions. If the proposed research does not involve Human Subjects Research, the "Protection of Human Subjects" section is not required, and a brief sentence should be provided in the application stating no human subjects involved.

State Law Compliance

Applicants must certify that funded projects will follow state and federal law to protect privacy, personal health information, and rights of human subjects, as applicable. Please complete the form shown in Appendix C.

Optional Letters of Support (Page Limit: None)

Letters of support are optional and may include letters from collaborators, owners of the proposed dataset(s), or any others who are not members of the Project Team. Letters of support can include details of in-kind, financial, or other resources contributed to the project.

[5] CIAPM Budget Template for Representative Precision Medicine Research through Partnerships. https://files.constantcontact.com/5e6673ed901/e534a8b0-bc35-4535-b02d-5812aea4ef29.xlsx

Stage 3 Full Application Instructions: Submission

Full Applications must be submitted electronically through the online CIAPM submission portal on or before April 24, 2026 at Noon (12:00 p.m. Pacific Time).

Selection: Selection Committee

A selection committee will review initial applications and recommend a subset to advance to the full application stage. The selection committee will review the full applications and recommend three to five projects to award. The committee will be comprised of out-of-state subject matter experts representing the breadth of topics included in the applications. Committee members will be subject matter experts in precision medicine, representative research, health disparities, and community and academic partnerships. Nominations for the selection committee will be considered from the State Legislature, California Precision Medicine Advisory Council, public, and research communities. Selection committee members shall be deemed to be free of conflicts of interest in any application and will be screened according to CIAPM procedures. The names of selection committee members will be provided on the CIAPM website. The selection committee will use a process consistent with CIAPM for reviewing the applications and making award recommendations, ensuring that applications are evaluated in a manner that is fair, equitable, timely, and free of bias.

Selection: Selection Criteria

The selection committee will review and assess applications based on the criteria listed below, organized within five scoring categories.

1. Significance

Does the project appropriately apply approaches of precision medicine to address an important problem or a critical barrier to progress in representative research? Is there a strong rationale for the project? If the aims of the project are achieved, to what extent will the field benefit? Are the health disparities that the project seeks to address significant in scope, degree, and topic area?
Reviewers will consider the following selection criteria:

- Overall impact to advance precision medicine.
- Potential to reduce health disparities.
- The potential to develop or use currently available tools, measurements, and data, including publicly available data.

2. Potential for Public Benefit

Does the application advance the field of research, clinical practice, or other relevant paradigms? Is there a tangible public benefit addressed by the project and does it have the potential to benefit Californians?

Reviewers will consider the following selection criteria:

- Potential to reduce health disparities.
- The innovative concepts, approaches, methodologies, instrumentation, data sources, assets, training and education, and/or engagement strategies to advance representative precision medicine research that benefits Californians.
- The potential of the applicant to create promotional materials that describe the importance of precision medicine research in the context of the research question and populations engaged.
- The potential of the project and applicant, through creation of promotional materials and convenings, to increase capacity among State and non-state employees to discuss and

encourage participation in biomedical research to underrepresented communities and strengthen relationships between agencies and between agencies and non-State organizations.

3. Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the aims of the project? Has the applicant presented strategies to ensure a robust and unbiased approach, as appropriate for the work proposed? Is the use of datasets and data types within representative precision medicine research appropriate? Are potential problems and alternative strategies presented? Is the project feasible? For the full application, if the project involves human subjects and/or clinical research, are the plans to address the protection of human subjects from research risks and the inclusion/exclusion criteria justified in terms of the scientific goals and research strategy proposed?

Reviewers will consider the following selection criteria:

- The depth and breadth of data available in the focus area, for example the extent to which the proposed dataset is reflective of underrepresented groups or the disease burden.
- Effective integration of community perspectives into study design, data interpretation, and dissemination (academic-community partnerships) or effective integration of complementary approaches and expertise to address project goals (academic-academic partnerships).
- Integration of social determinants of health and/or culturally relevant approaches.
- The prospects for efficient and effective data integration and analysis. The feasibility of the project within the proposed timeframe.
- Approaches to protect privacy and personal health information.
- Expertise of potential team members in the context of the proposed research question and study population.

4. Suitability of the Partnership to Advance the Project

Is the community or academic partner well suited to advance the project goals through the addition of lived experience, expertise, assets, capacity, capability, scalability, and/or training opportunities? Do the Lead PI, Co-PI, and other key project team members have complementary and integrated experience and expertise? Does the project team demonstrate experience advancing equity in precision medicine research? Is it clear that the partnership is equitable and authentic and is the leadership approach, governance, and organizational structure appropriate for the project, for example through co-design, shared decision-making, and equitable participation? Does the partnership break down silos between academic institutions and communities or between academic institutions, connect different areas and methods of analyses within precision medicine, and foster co-learning for meaningful integration of perspectives?

Reviewers will consider the following selection criteria:

- Suitability of the partnership in advancing project goals and equity within precision medicine research, including the potential for the partnership to break down silos.
- The authenticity of the partnerships and if partners are equitably involved in the design, implementation, evaluation, and dissemination of the project.

- The quality and extent of partnership, including budget equity, how data are shared and/or owned by partners, and sustainability of the partnership beyond the funding period, for example through capacity building.
- Sharing data and/or protocols across organizations, including the potential for sustainable data access and use and approaches to protect privacy and personal health information.
- Diverse expertise and backgrounds of team members, including those underrepresented in research.

5. Overall Impact

An assessment of the potential impact of the project, considering the significance, potential for public benefit, approach, and suitability of the partnership to advance the project. For example, does the project describe a promising approach to reduce health disparities in California through representative precision medicine research? An application does not need to be strong in all categories to be judged likely to have a major impact.

CIAPM aims to fund at least one project from each partnership category (academic-community and academic-academic partnerships).

The awards shall include, but are not limited to, awards to public institutions in both northern and southern California.

Additional selection considerations may include:

- Where the project is located in California to balance geographic and institutional diversity of awarded primary and partner organizations.
- Research that has experienced recent funding cuts, terminations, or uncertainty about future commitments.
- Resources available for the project outside of the Initiative, including the potential for leveraging non-state funding.
- The extent to which the project differs from current and former CIAPM-funded projects. Information about CIAPM's project portfolio can be found here: CIAPM Demonstration Projects.**Error! Bookmark not defined.**
- Projects that include, either as the primary institution or the partner organization, a California State University (CSU).
- Projects that include at least one partner located in an area of California that has not recently received significant investment in federal biomedical research funding. Applicants can refer to tools like NIH Project Reporter.
- Proposed research on topics related to nutrition, chronic disease, behavioral health, or women's health.

Scoring:

Scores will be used to guide the review process. CIAPM uses the NIH scoring system, which utilizes a 9-point rating scale (1 = exceptional; 9 = poor) for both Overall Impact Scores and individual review criteria scores. Scores are not provided to the applicants, but applicants will receive a summary of written feedback from reviewers.

Selection: Results

The selection committee will report on the justification for selecting the projects that are awarded funding and will provide a list of titles of applications that were not selected on the CIAPM website, as required by statute. Therefore, do not include in the project title any proprietary or confidential information or details that could identify the applicant, unless there are no reservations against being identified.

Resources: Precision Medicine Primer

Precision medicine (sometimes referred to as personalized medicine) places humans at the center of health care. With modern technology and big data, precision medicine integrates all information about an individual to create a clearer picture of one's health status. This can include everything from the mechanisms that drive disease, to the social and built environments that affect our physical and mental well-being. More information about precision medicine can be found in CIAPM's Precision Medicine Primer.

Resources: Asset Inventory

To facilitate collaborations and identification of data assets, CIAPM created the California Precision Medicine Asset Inventory, an online, searchable, interactive mapping tool that includes private, public, and nonprofit entities working within areas relevant to precision medicine and community health. Researchers, patient advocacy and community organizations, health care providers, companies, and others are invited to submit their basic information to be included in the inventory using the Asset Inventory Entry Form and use the inventory to search for potential collaborators.

Resources: Guidance on Community-Engaged Research

To support applicants who use community-engaged research approaches, CIAPM has developed guidance and a list of resources (see Appendix A) for researchers, communities, clinicians, and other project partners to encourage high-quality, interactive, and proactive collaborative models. Principles of community-engaged research can be applied to both academic-community and academic-academic partnerships, where partners are represented in the governance, design, conduct, dissemination, and evaluation of CIAPM-funded research projects. We encourage applicants to review this guidance before, during, and after the development of their applications. A summary of the main takeaways is provided below:

1. **Building Trust in Partnerships**

When trust is established, community members and populations feel empowered to participate in the research process by offering their input, their lived experiences, and expertise on matters that have directly impacted them. Authentic relationships are essential, leading to greater transparency, communication, and shared decision-making so that community partners feel comfortable in engaging and providing additional perspectives and knowledge about the culture and history of a community and/or population.

2. **Engagement with CBOs and Communities to Add Value**

When seeking a community partner, researchers should look for individuals or organizations that share similar goals and missions, have the capacity to engage in research, add opportunities to access populations unavailable to health/academic institutions, and are

prepared to participate in a research project. Community partners bring valuable knowledge of local history, cultural understanding, and language preferences which are essential for engaging diverse communities and populations in ways that reflect their values and perspectives.

3. **Community Engagement Efforts Boost Buy-in and Research Success**

Research interventions should be tailored to the needs of the community in order to make research more impactful and engaging to a diverse range of individuals.

4. **Inclusion of Community Partners During Dissemination**

Effective dissemination plans are necessary to involve both communities and researchers and facilitate and nurture bidirectional relationships. Dissemination efforts include distribution of research goals and results in accessible languages and formats and continued collaboration efforts between community partners.

5. **Challenges in Implementation**

Community-engaged research requires intentional efforts to continuously reflect and re-evaluate to measure progress, identify areas of improvement, and align with community priorities, which could change over time. Challenges to community-engaged research include different structures, hierarchies, priorities, and incentives between academy and community, which can lead to barriers in developing, engaging, and implementing targeted community-engaged interventions and approaches.

Terms and Conditions of Funding Awards

Research teams that are selected for funding will be asked to enter into an agreement with CalHHS. Terms and conditions will be based on University Terms and Conditions (UTC-220) for UC/CSU/CSU auxiliary institutions. All agreements will include the following terms:

- **Indirect Costs:** Indirect Costs will not be supported except for nonprofit community partner subawardees. Indirect Costs are defined by the NIH as “Facilities and Administrative Costs” and include accounting and legal expenses, administrative salaries, office expenses, rent, utilities, and similar expenses that are incurred for common or joint objectives and cannot be identified readily and specifically with a particular project. Salaries for members of the project team, such as Study Coordinators, Patient Navigators, Counselors, and Research Assistants, would be supported as Direct Costs.
- **Intellectual Property Agreement:** Agree to terms of patent and copyright agreements that balance the State’s interests with the needs of the research team, as applicable.
- **Funds:** Funds will be disbursed monthly by reimbursement.
- **Start Date:** Initiate work within 30 days of agreement execution.
- **Reporting:** Submit biannual progress reports using a CIAPM-provided template. Submit status updates and materials for inclusion in CIAPM’s annual report to the Legislature, a final report at the end of the project period, and assist CIAPM in the drafting of reports to the Legislature, including evaluation reports which may be prepared after the award’s end.
- **Monthly Meetings:** Meet at least monthly with CIAPM to assess progress toward milestones, budget status, and other pertinent topics.
- **Kickoff Meeting and Site Visits:** Coordinate with CIAPM for a project kickoff meeting and an annual site visit.
- **Annual Symposium:** Attend an annual research symposium with other CIAPM awardees.

- **Use of Data:** Share data and research findings in a manner consistent with academic and state open-access standards.
- **Protection of Privacy and Health Information:** Investigators and project teams are expected to follow state and federal law to protect privacy, personal health information, and rights of human subjects.
- **Promotional Materials Creation:** Creation of promotional materials describing the importance of biomedical research in the context of the research question and populations engaged to be shared with CIAPM, to be shared through activities or convenings. These materials must be suitable to be shared with CIAPM and among State and non-state employees to discuss and encourage participation in biomedical research with underrepresented communities. Activities or convenings may include trainings or workshops engaging state and non-state employees.

RFA Administration and Contact

Applicants are encouraged to submit questions and consult with CIAPM staff to ensure their application is responsive to this RFA.

During the solicitation process, questions may be directed to:

> The California Initiative to Advance Precision Medicine
> California Health and Human Services Agency
> 1215 O Street Sacramento, CA 95814
> Email: ciapm@chhs.ca.gov (Use subject line “Partnerships Representative Research RFA”)

Applicants may submit questions via email or mail before the stated deadline. As necessary, CIAPM staff will update a list of Frequently Asked Questions on the CIAPM website.

Any oral communication with CIAPM staff concerning this RFA is not binding on the State and will in no way alter a specification, term, or condition of the solicitation. Therefore, all communication must be directed in writing, as indicated above.

If an ambiguity, conflict, discrepancy, omission, or other error is discovered in the solicitation at any time prior to a deadline, the applicant may notify CIAPM staff in writing and request modification or clarification of the RFA. CIAPM, at its discretion, may provide modifications or clarifications either by an addendum to the RFA or by a written notice to all parties who participate in the RFA.

Appendices

Appendix A: CIAPM Guidance on Authentic Research-Community Partnerships

A significant mission of CIAPM is to reduce health disparities through the lens of precision medicine, leveraging the research and education infrastructure within California. Aligning research efforts with the needs of Californian communities through authentic research-community partnerships is an important approach for representative precision medicine research. Principles of community-engaged research can be applied to both academic-community and academic-academic partnerships. This guidance aims to provide resources for researchers, communities, clinicians, and other project partners to encourage high quality, interactive, and proactive collaborative models, where patients and families are represented in the governance, design, conduct, dissemination, and evaluation of CIAPM-funded research demonstration projects.

Resources for Authentic Research-Community Partnerships

Successful CIAPM demonstration project applications will exemplify a thoughtful strategy to develop and facilitate authentic cross-sector partnerships. The following resources are freely available and recommended:

- Foundational Expectations for Partnerships in Research. Patient-Centered Outcomes Research Institute. February 2025. Download.
- "Community Partnership Guide for Engaging with Academic Researchers", Written by Amal Saleh, Brian Saelens, Maxine Hayes, the Health Equity Community Advisory Committee, and Tumaini R. Coker, published in May 2022 in the *Progress on Community Health Partnerships,* 2022;16(1):129-134. Download
- Community Partnered Participatory Research: Learnings from an Interview with Ms. Andrea Jones and Dr. Kenneth Wells, Evidence for Action. (2022, April 26). Download
- "Community-Based Participatory Research During the COVID-19 Crisis: Lessons for Partnership Resiliency," Written by Elaine K. Donnelly, Robin Toof, and Linda Silka; published September 2021 in the *Journal of Higher Education Outreach and Engagement*, 25(3): 91-106; Download
- "Patient and Public Involvement in Research: Enabling Meaningful Contributions," Written by Sarah Ball, Amelia Harshfield, Asha Carpenter, Adam Bertscher, and Sonja Marjanovic; published in 2019 by RAND Corporation; Download
- "Applying a community-based participatory research framework to patient and family engagement in the development of patient-centered outcomes research and practice," Written by Simona C. Kwon, Shiv Darius Tandon, Nadia Islam, Lindsey Riley, and Chau Trinh-Shevrin; published October 2018 in *Translational Behavioral Medicine*, 8;8(5):683-691; Download
- "Precision Medicine Initiative Cohort Program – Building a Research Foundation for 21st Century Medicine Report," published September 17, 2015, p. 38-44. Download
- Principles of Community Engagement, Third Edition, Written by the Agency for Toxic Substances and Disease Registry (ATSDR), in partnership with collaborators at the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and other organizations; published January 2025 by the Agency for Toxic Substances and Disease Registry; Download
- "Community Engagement in Research: Frameworks for Education and Peer Review," Written by Syed M. Ahmed and Ann-Gel S. Palermo, published August 2010 in the *American Journal of Public Health*, 100(8): 1380-1387; Download

- “Chapter 1. The vision, valley, and victory of community engagement.” Written by Loretta Jones, Kenneth Wells, Keith Norris, Barbara Meade, and Paul Koegel; published Autumn 2009; *Ethnicity & Disease*, *19*(4 Suppl 6), S6–7. Download

Appendix B*:* Protection of Human Subjects

You will need to know whether your research needs an IRB review in the case that your application is awarded CIAPM funding. Please use this simple questionnaire to determine whether your proposed project falls under the category of Human Subjects Research, as defined by the NIH[6].

If your project is awarded, the Lead PI is required to submit the necessary paperwork for IRB review within one month from contract execution date. Exempt Research requires IRB review and acknowledgement, and Non-Exempt Research requires IRB review and approval (see Question 2 below). CIAPM does not require IRB submissions prior to Full Application submission.

1. Does your proposed work involve Human Subjects Research? If you are unsure, please use the NIH Human Subjects Research Decision Tool. Yes ☐ No ☐

   If you answered "Yes," please complete the following questions. If you answered "No", then no further response is required in this section.

2. Does your work qualify as "exempt"? Yes ☐ No ☐

   To answer this question, consider the results of the NIH Human Subjects Research Decision Tool (linked above) and the six categories listed in Federal Regulations Code §46.104 under "Exempt Research."

   2a. If you answered "Yes" to question 2, your project requires IRB review and acknowledgment, rather than an IRB review and approval.

   - Has IRB acknowledgment been obtained from your institution? Yes ☐ No ☐
     - If Yes: IRB acknowledgement date:
     - If No: I agree that an application will be submitted to my IRB within one month of contract execution. Yes ☐

   2b. If you answered "No" to question 2, your project requires IRB review AND approval.

   - Has IRB approval been obtained from your institution to support your CIAPM-funded project? Yes ☐ No ☐
     - If Yes: IRB approval date:
     - If No: I agree to that an application will be submitted to my IRB within one month of contract execution. Yes ☐

3. Are you proposing a clinical trial? Yes ☐ No ☐

4. Does the project involve children? Yes ☐ No ☐

   ☐ If you answered "Yes," please check the box to confirm that the project complies with additional HHS Regulations related to involving children in research.

[6] Review the NIH definition of "human subjects"

Please provide the following narratives in your full proposal if previous Prompts 2a, 2b, and/or 3 apply to your proposed work.

2a. If your work involves Human Subjects Research and qualifies as “exempt”, indicate which “exempt category” it falls under (Definition of Human Subjects Research | Grants & Funding).

2b. If your work involves Human Subjects Research and does not fall into one of the exempt categories:

- Describe risks to subjects
- Describe adequacy of protection against risks
- Describe potential benefits of research to subjects and others
- Describe importance of knowledge to be gained
- Describe inclusion of women, minorities, and children

3. If you are proposing a clinical trial:

- Include information listed under 2b.
- Include a Data Safety and Monitoring Plan.

Appendix C*:* State Law Compliance Checklist

Please confirm that the project complies with California Law, including the following code sections relevant to research and child abuse and neglect reporting (check each box to confirm compliance):

- ☐ Health and Safety Code on Human Experimentation §24170 - 24179.5
- ☐ Penal Code on Biomedical and Behavioral Research §3500
- ☐ Child Abuse and Neglect Reporting Act §11164-11174.3