California Initiative to Advance Precision Medicine

Request for Applications (RFA)

Psychedelic Precision Medicine Research with Veterans

CalHHS
California Health & Human Services Agency

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California Initiative to Advance Precision Medicine (CIAPM) Request for Applications (RFA): Psychedelic Precision Medicine Research with Veterans

Summary

Key Dates:

RFA Release:	November 10, 2026
RFA Informational Webinar and Q&A:	December 2, 2026 (1:00pm PT)
Letter of Intent Deadline:	December 18, 2026 (3:00pm PT)
Initial Application Deadline:	February 19, 2027 (3:00pm PT)
Notification of Finalists:	April 23, 2027
Full Application Deadline:	June 4, 2027 (3:00pm PT)
Notification of Awards:	July 2027 (earliest possible)
Awards Start:	August 2027 (earliest possible)
Awards End:	August 2030 or 2031

Project Goals and Budget:

$4 million total to support approximately two research projects (up to $2 million per project) over a three- to four-year period, that focus on one of the following:

1. A new psychedelic-based (1) clinical trial, (2) clinical research study, or (3) study based on tribal practices and traditions, that focuses on veterans.
2. Expansion of an existing psychedelic-based (1) clinical trial, (2) clinical research study, or (3) study based on tribal practices and traditions, that supports greater focus on veterans.

Eligibility and Project Considerations:

1. The Primary Institution must be a California non-profit public or private academic research institution, and the Lead Principal Investigator (PI) must hold a faculty position at the Primary Institution.
2. Projects must be co-led by **at least one** California-based nonprofit community-based organization, veterans organization, community clinic, or non-state public or tribal entity, including facilities administered by the United States Department of Veterans Affairs, Veterans Health Administration (Partner Organization), that provides support for veterans and adds lived experience, expertise, and/or community or data assets. **At least one Partner Organization must have a minimum of five years of experience serving veterans. Applications may include multiple Partner Organizations.** As long as one Partner Organization is community-based, as stated above, additional California non-profit academic research institutions can also serve as Partner Organizations.

3. Projects must take place in California, and the project must focus on people that live in California but are not limited to only California populations.
4. Current and former CIAPM Lead PIs are ineligible to serve as a Lead PI or Co-PI on an application, but they may serve other roles (such as Co-I 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.
5. Only one award per Primary Institution will be allowed, but several Lead PIs may apply from one Primary Institution (i.e., this is not a limited submission).
6. Non-profit academic research institutions may only use awarded funds for direct costs. Indirect costs to nonprofit community organizations can be supported through subawards.
7. California-based private sector collaborators are allowed, but not required, and should contribute in-kind, financial, or other resources to the project. The private sector collaborator must not be a PI, Co-PI, or Co-I, and CIAPM funds will not be allocated to support salaries of private sector collaborators.
8. Additional matching funds and in-kind contributions are highly encouraged and will be considered during the selection process.

Application Stages:

1. Letter of Intent (Required, but not reviewed or scored, no down-selection)
2. Initial Application (Reviewed and scored; down-selection for finalists invited to submit a Full Application)
3. Full Application (Reviewed and scored; down-selection for awardees)

Selection Criteria:

1. Significance and Potential for Public Benefit
2. Approach
3. Suitability of the Team and Partnership to Advance the Project and Engage Veterans
4. Legal, Responsible, and Safe Research Conduct with Psychedelics
5. Overall Impact

Please see 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 “Psychedelic Research Veterans 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) within the California Health and Human Services Agency (CalHHS) will award $4 million to support approximately two project teams (up to $2 million per team) conducting psychedelic research with veterans in California over a three- to four-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 research projects that advance precision medicine in psychedelics research, engage and impact veterans, aim to reduce health disparities, and leverage team expertise and partnerships. CIAPM developed this RFA in coordination and collaboration with the California Department of Veterans Affairs (CalVet).

Specifically, projects should focus on one of the following:

1. A new psychedelic-based (1) clinical trial, (2) clinical research study, or (3) study based on tribal practices and traditions, that focuses on veterans.
2. Expansion of an existing psychedelic-based (1) clinical trial, (2) clinical research study, or (3) study based on tribal practices and traditions, that supports greater focus on veterans.

Projects must be co-led by a California non-profit public or private academic research institution and **at least one** California-based nonprofit community-based organization, veterans organization, community clinic, or non-state public or tribal entity, including facilities administered by the United States Department of Veterans Affairs, Veterans Health Administration, that provides support for veterans and adds lived experience, expertise, and/or community or data assets. Partnerships should aim to break down silos between academic institutions and communities, effectively integrate community perspectives to ground the research in the real-world needs of veteran communities, 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.

The applicant must describe how their application advances precision medicine in psychedelics research, engages and impacts veterans, aims to reduce health disparities, and leverages team expertise and partnerships. The proposed research must include a deliverable of a precision medicine asset, such as new infrastructure, tools, measurements, and data. Projects must take place in California, and the project should focus on people that live in California but are not limited to only California populations.

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:	November 10, 2026
RFA Informational Webinar and Q&A:	December 2, 2026 (1:00pm PT)
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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 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.

As described in the report, Precision Medicine: An Action Plan for California, “precision health and medicine is not about one disease, or a 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.” Both the NAS 2011 Report and Action Plan emphasize the value of partnerships in driving precision medicine forward by fostering cross-sector collaboration and increasing shared knowledge and resources. Specifically, partnerships between academic institutions and community-based organizations 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.

Background: CIAPM

The California Initiative to Advance Precision Medicine (CIAPM) was established by the State of California in 2015 to support cutting-edge biomedical and health research that harnesses data to generate new insights, prioritizes whole-person care, and advances community-driven solutions to reduce health inequities (Health and Safety Code, §§ 130300 - 130304). The mission of the Initiative, which is 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 25 research projects and 12 doctoral students in fields such as traumatic brain injury, depression, adverse childhood experiences, heart disease, cancer, multiple sclerosis, and representative research across disease areas.

Background: Psychedelic Research

Indigenous communities have long used plant-based psychedelics, such as ayahuasca, psilocybin, peyote, and ibogaine, as central to their spiritual and healing practices. Although specific rituals, practices, and beliefs vary considerably across Native American tribes and other Indigenous communities, psychedelics were considered a sacred vehicle, often administered through the guidance of a knowledgeable spiritual leader and carefully passed down across generations for medicinal and religious use[1].

Western medicine has identified additional psychedelics through synthesized compounds and further research. Psychedelics and drugs with psychedelic and/or dissociative properties that typically act through serotonin or glutamate systems, temporarily alter a person's mood, thoughts, and perceptions[2]. With this broad definition and for the purposes of this RFA, psychedelics include ayahuasca (also known as dimethyltryptamine or DMT), ibogaine, ketamine, lysergic acid diethylamide (LSD), 3,4-methylenedioxymethamphetamine (MDMA), peyote (mescaline), phencyclidine (PCP), psilocybin, salvia, derivatives/metabolites, and emerging compounds with similar chemical and biological properties[2].

Recent studies have demonstrated effectiveness of certain psychedelics in treating a range of mental and behavioral health conditions, including depression, anxiety

[1] George, J. R., Michaels, T. I., Sevelius, J., & Williams, M. T. (2020). The psychedelic renaissance and the limitations of a White-dominant medical framework: A call for indigenous and ethnic minority inclusion. Journal of Psychedelic Studies, 4(1), 4-15.
[2] NIDA. 2026, January 8. Psychedelic and Dissociative Drugs. Retrieved from https://nida.nih.gov/research-topics/psychedelic-dissociative-drugs on 2026, September 3.

disorders, and substance use disorders[3]. The U.S. Food and Drug Administration (FDA) approved esketamine for treatment-resistant depression in 2019. Additional psychedelics like psilocybin are coming up for consideration by the FDA for approval for the treatment of mental health conditions[4]. However, further research is needed to understand which psychedelics are effective for which conditions and for which people, how to optimize the psychedelic session and assisted therapy and supports for improved health outcomes and patient benefit, and effective clinical frameworks and implementation best practices.

Background: Veterans Health

Veterans are individuals who have completed military service in one of the branches of the U.S. Armed Forces, including the National Guard and Reserves. California is home to nearly 1.5 million veterans[5], making it one of the states with the largest veteran population and accounting for around 8% of the U.S. veteran population[6]. Within California, 47% of veterans identify as an ethnic minority and 9% identify as women[5]. Additionally, Native Americans serve in the U.S. Armed Forces at a higher rate than any other group, and approximately 15,000 veterans identify as American Indian and Alaska Native in California[5]. In California, veterans are typically middle-aged and older, with 17% under the age of 40, 36% between the ages of 40-64, and 47% over the age of 65[7].

Overall, veterans have higher self-reported rates of stroke, cancer, lung disease, arthritis, kidney disease, and diabetes[8]. Younger veterans face the highest burden of mental health and substance use issues. Veterans that are 18–34 years of age as well as ages 35-49, reported substantially higher levels of serious psychological distress and suicidal ideation[6]. While alcohol-related outcomes are elevated across the life course for veterans, younger veterans (aged 18–34 and 35–49) had significantly higher rates of

[3] Andersen, K. A., Carhart-Harris, R., Nutt, D. J., & Erritzoe, D. (2021). Therapeutic effects of classic serotonergic psychedelics: A systematic review of modern-era clinical studies. Acta Psychiatrica Scandinavica, 143(2), 101-118.
[4] FDA. 2026, April 24. FDA Accelerates Action on Treatments for Serious Mental Illness Following Executive Order, Retrieved from https://www.fda.gov/news-events/press-announcements/fda-accelerates-action-treatments-serious-mental-illness-following-executive-order
[5] CalVet. Retrieved from https://www.calvet.ca.gov/ on 2026, September 3.
[6] Schuler, M. S., Bower, A., Farmer, C. M., Phillips, J., & Ramchand, R. (2025). A summary of veteran-related statistics: Second edition. RAND Corporation.
[7] U.S. Department of Veterans Affairs. California. Retrieved from https://www.data.va.gov/stories/s/NCVAS-State-Summary-California-FY2023/js9q-3wam/ on 2026, September 22.
[8] Betancourt, J. A., Granados, P. S., Pacheco, G. J., Reagan, J., Shanmugam, R., Topinka, J. B., Beauvais, B. M., Ramamonjiarivelo, Z. H., & Fulton, L. V. (2021). Exploring Health Outcomes for U.S. Veterans Compared to Non-Veterans from 2003 to 2019. Healthcare, 9(5), 604.

substance use and substance use disorders than older veterans, with nearly one-third of those under 35 meeting criteria for a past-year alcohol or drug use disorder[6].

Precision medicine offers a whole-person framework to support veterans in diagnosing, preventing, and treating health conditions. Specifically, engaging veterans in research on psychedelic therapies can help improve health outcomes for veterans and advance research in this field. Inclusion of a precision medicine approach to this field ensures meaningful and actionable insights about the whole person and their lived experience, tailored approaches given the variety of psychedelic options and support, and community engagement so that veterans' perspectives are centered.

Definitions of Key Terms

Health Disparities: Preventable differences in the burden of disease, injury, violence, or opportunities related to unequal distribution of social, political, economic, and environmental resources[9].

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 understand health and disease, and to develop and deliver more precise diagnostics, therapeutics, and prevention measures[10].

Psychedelics: Drugs that typically act through the serotonin or glutamate systems, temporarily alter a person's mood, thoughts, and perceptions, and can have psychedelic and/or dissociative properties[2]. Psychedelics can include ayahuasca (also known as dimethyltryptamine or DMT), ibogaine, ketamine, lysergic acid diethylamide (LSD), 3,4-methylenedioxymethamphetamine (MDMA), peyote (mescaline), phencyclidine (PCP), psilocybin, salvia, derivatives/metabolites, and emerging compounds with similar chemical and biological properties[2].

Veterans: Individuals who have completed military service in one of the branches of the U.S. Armed Forces, including the National Guard and Reserves.

Funding Opportunity for Psychedelic Precision Medicine Research with Veterans

Precision medicine offers the opportunity to support psychedelics research that focuses on veterans and leverages academic-community partnerships to effectively engage veterans and work towards improving health outcomes for veterans.

[9] CDC. Adolescent and School Health. Health Disparities. Retrieved from https://www.cdc.gov/healthy-youth/health-disparities/index.html, on 2026, November 3.

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

CIAPM seeks to fund research projects that advance precision medicine in psychedelics research, engage and impact veterans, aim to reduce health disparities, and leverage team expertise and partnerships.

Specifically, projects should focus on one of the following:

1. A new psychedelic-based (1) clinical trial, (2) clinical research study, or (3) study based on tribal practices and traditions, that focuses on veterans.
2. Expansion of an existing psychedelic-based (1) clinical trial, (2) clinical research study, or (3) study based on tribal practices and traditions, that supports greater focus on veterans.

Note: Given the historical and varying traditional, religious, and ceremonial practices among Native American tribes and other Indigenous communities, and recognizing that Native Americans have served in the Armed Forces at higher rates than other groups, we encourage inclusion of veterans who identify as members of tribes, tribal organizations, or other Indigenous communities in relevant applications, as indicated above.

Research that **uses animal models will not be supported.** Projects may include, but are not limited to, the following areas or aspects:

- Psychedelic research that aims to improve health outcomes and reduce health disparities for veterans related to depression, post-traumatic stress disorder, alcohol and substance use disorders, pain, traumatic brain injury, and/or other conditions affecting veterans
- Effectiveness of the psychedelic session, assisted therapy, and care and support to enhance, optimize, and/or sustain health outcomes for veterans
- Innovative inclusion of precision medicine/whole-person approaches, including social determinants of health and consideration of co-morbidities, to improve veterans' health through psychedelic research
- Innovative methods to predict who will respond to psychedelic treatment and/or how treatments may be effectively tailored to the individual person, including assessments of biomarkers, imaging, physiology, lifestyle and personal characteristics, and patient-reported outcomes
- Inclusion of underrepresented populations, who have been underrecognized or historically excluded, as research participants
- Authentic and meaningful engagement and inclusion of veterans who identify as members of tribes, tribal organizations, or other Indigenous communities, and tribal practices and traditions
- Appropriate inclusion of underserved veteran subpopulations, such as those currently or previously unhoused or experiencing homelessness, previously

incarcerated veterans, veterans with combat exposure, or veterans that have experienced military sexual trauma
- Clinical frameworks, implementation best practices, and policy implications for psychedelic treatment
- Innovations in training opportunities in research or health care fields related to psychedelic administration that focus on culturally appropriate and relevant care for veterans
- Strategies to build capacity within veteran communities, such as community-based organizations, community clinics, community healthcare workers, and tribes and tribal organizations for psychedelic research
- The impact of psychedelic interventions or resources that minimize stigma or reduce barriers to seek care (e.g., language access, cultural capacity, virtual and/or hybrid care, simplifying access through community health workers or a similar model) on outcomes of interest to veterans

CIAPM will award $4 million to support approximately two project teams (up to $2 million per project) conducting psychedelic research with veterans in California over a three- to four-year project term.

Projects must be co-led by a California non-profit public or private academic research institution (Primary Institution) and **at least one** California-based nonprofit community-based organization, veterans organization, community clinic, or non-state public or tribal entity, including facilities administered by the United States Department of Veterans Affairs, Veterans Health Administration, that provides support for veterans and adds lived experience, expertise, and/or community or data assets (Partner Organization). The Lead PI must hold a faculty position at the Primary Institution. Partnerships should aim to break down silos between academic institutions and communities, effectively integrate community perspectives to ground the research in the real-world needs of veteran communities, 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.

The applicant must describe how their application advances precision medicine in psychedelics research, engages and impacts veterans, and leverages team expertise and partnerships. The proposed research must include a deliverable of a precision medicine asset, such as new infrastructure, tools, measurements, and data. Projects must take place in California, and the project should focus on people that live in California but are not limited to only California populations.

Definitions of Key Roles

Primary Institution (Required): The California non-profit public or private academic research institution.
Partner Organization(s) (Required): The co-lead organization(s) must be a California-based nonprofit community-based organization, veterans organization, community clinic, or non-state public or tribal entity, including facilities administered by the United States Department of Veterans Affairs, Veterans Health Administration, that provides support for veterans and adds lived experience, expertise, and/or community or data assets. **At least one Partner Organization must have a minimum of five years of experience serving veterans. Applications may include multiple Partner Organizations.** As long as one Partner Organization is community-based, as stated above, additional non-profit public or private academic research institutions can also serve as Partner Organizations. 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 (see Eligibility section below); eligible applicants will be notified that they can proceed with submitting an Initial Application. 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 around two 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. CIAPM encourages awardees to work together to align study measures, metrics, and deliverables to enhance public benefit.

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 added and updated periodically on the CIAPM website.

CIAPM will hold an Informational Webinar and Q&A on **December 2, 2026 at 1:00pm PT.**

Stage 1: Letter of Intent to Submit an Application

Applicants must submit a 1-page letter of intent (LOI) on or before **December 18, 2026, 3:00 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 including the psychedelic drug and health condition(s) of study (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 Applications.

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. Letters of support are not accepted at

this stage but will be accepted in the Full Application. By the LOI stage, partnerships are recommended but not required. By the Initial Application, 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 **February 19, 2027 at 3:00 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)
- Human Subjects Research Requirements
- State and Federal Law Compliance
- Readiness to Conduct Research with Psychedelics Legally, Responsibly, and Safely (Page Limit: 2)
- Biosketches/Resumes (Page Limit: 5 pages per biosketch, no limit for all biosketches/resumes)
- Budget Overview (Page Limit: ½)

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, 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 **June 4, 2027 at 3:00 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)
- Human Subjects Research Requirements
- State and Federal Law Compliance
- Readiness to Conduct Research with Psychedelics Legally, Responsibly, and Safely (Page Limit: 3)
- Modifications Since the Initial Application (Page Limit: 2)
- Partner Organization Overview (Page Limit: 2 pages/Partner Organization)
- Biosketches/Resumes (Page Limit: 5 pages/biosketch, no overall page limit))
- Budget Narrative (Page Limit: 1) & Budget (Page Limit: 3)
- 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 Full Application and include updates or changes from the Initial Application. Please read the project plan descriptions carefully.

The selection committee will recommend approximately two projects to award, and CalHHS will notify awardees and all other applicants as early as July 2027. Following a public announcement, CIAPM will work with awardees to develop concrete metrics and goals to track the progress of projects. The three- to four-year projects are anticipated to begin around August 2027. CIAPM encourages awardees to work together to align study measures, metrics, and deliverables to enhance public benefit.

Application Instructions: Eligibility and Project Considerations

1. The Primary Institution must be a California non-profit public or private academic research institution, and the Lead PI must hold a faculty position at the Primary Institution.
2. Projects must be co-led by **at least one** California-based nonprofit community-based organization, veterans organization, community clinic, or non-state public or tribal entity, including facilities administered by the United States Department of Veterans Affairs, Veterans Health Administration, that provides support for veterans and adds lived experience, expertise, and/or community or data assets (Partner Organization). **At least one Partner Organization must have a minimum of five years of experience serving veterans. Applications may include multiple Partner Organizations.** As long as one Partner Organization is community-based, as stated above, additional California non-profit public or private academic research institutions can also serve as Partner Organizations.

3. Projects must take place in California, and the project must focus on people that live in California but are not limited to only California populations.
4. Current and former CIAPM Lead PIs are ineligible to serve as a Lead PI or Co-PI on an application, but they may serve other roles (such as Co-I 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.
5. Only one award per Primary Institution will be allowed, but several Lead PIs may apply from one Primary Institution (i.e., this is not a limited submission).
6. Non-profit academic research institutions may only use awarded funds for direct costs. Indirect costs to nonprofit community organizations can be supported through subawards or awards.
7. California-based private sector collaborators are allowed, but not required, and should contribute in-kind, financial, or other resources to the project. The private sector collaborator must not be a PI, Co-PI, or Co-I and CIAPM funds will not be allocated to support salaries of private sector collaborators.
8. Additional matching funds and in-kind contributions are highly encouraged and will be considered during the selection process.

Stage 2 Initial Application: Required Sections

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
- Names and signatures 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 in psychedelics research

Describe how the proposed project applies approaches of precision medicine to advance psychedelic research. Describe the rationale for the project and what important question, problem, or barrier the project aims to address. Describe the tangible public benefit, impact for veterans, the potential to reduce health disparities, and how the field will benefit, including the clinical and commercial potential if the project is successful.

2. Approach and deliverables

Describe the components of the proposed project, including specific aims, research strategy, and a brief summary of the trial design and how blinding will be managed (as

applicable). Describe why the approach is appropriate to accomplish the project goals. Include an overview of the existing strengths and resources available, such as the depth and breadth of data available in the focus area. Projects should consider the appropriate and relevant application of recent FDA considerations for clinical investigations with psychedelic drugs.

Provide a brief summary of the anticipated participant demographics and describe the veteran subpopulation of study (as applicable). Describe the deliverables that include at least one precision medicine asset developed as a result of this project, such as new infrastructure, tools, measurements, and data (e.g. 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 the development and/or use of efficient and effective data integration and analysis, if applicable (e.g., electronic health records, mobile health device data, and research databases).

Describe how the application will develop or amplify quality opportunities for trainees and/or students to apply precision medicine to psychedelic research and/or engage veterans.

3. Project team and role of the partnership(s) in advancing project goals

Describe the expertise of the team in advancing project goals and experience conducting psychedelic research and engaging veterans. Describe the role of partner(s) in advancing project goals and how the partnership would be sustained beyond the funding period, for example through capacity building or building of infrastructure or workflows. Describe how the partnership breaks down silos between academic institutions and communities, effectively integrates community perspectives into study design, data interpretation, and dissemination to ground the research in real-world needs of the veteran communities, and fosters co-learning for meaningful integration of perspectives. If there is a private sector collaborator, describe their role and contribution to the project.

4. Engagement with and impact for veterans

Describe the community engagement approach with veterans and the potential for the project to positively impact veteran communities. Describe strategies such as developing opportunities to build trust, approaches to ensuring consent, or practical principles for data sharing, privacy, and security. To help facilitate participant and community engagement, projects must include a **community advisory board.** The community advisory board should consist of veterans and other stakeholders who have a connection to, expertise in, or lived experience related to psychedelics or the health condition(s) of study. Projects may also employ patient navigators, host focus groups to better understand veteran/community issues or describe efforts to allow veterans

access to their medical data, and/or present opportunities to contribute data from this project to other research studies. Describe the data ownership and data sharing plan, including the potential for sustainable data access and use, and the expertise to use the dataset while ensuring data security and confidentiality meet standards accepted by the State.

5. Anticipated challenges and proposed solutions

Describe potential barriers to the project's success, including those that could delay the launch, progress, or completion (e.g., human subjects, participant recruitment and retainment, health literacy barriers, cultural or language access barriers, mobile patient populations, or data access changes), and describe potential solutions to these challenges.

References (Page Limit: None)

List references cited in the project plan (does not contribute to the project plan page limit).

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. 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.

Human Subjects Research Requirements

Applications must designate whether Human Subjects Research is proposed as defined under applicable state or federal rules, regulations, and/or guidance. If the proposed research involves human subjects, a brief sentence should be provided in the application stating that human subjects research is involved. If the proposed research does not involve Human Subjects Research, a brief sentence should be provided in the application stating no human subjects involved.

State and Federal 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.

Readiness to Conduct Research with Psychedelics Legally, Responsibly, and Safely (Page Limit: 2)

Projects should consider appropriate and relevant application of recent FDA considerations for clinical investigations with psychedelic drugs. Describe the project

team's readiness to conduct research with psychedelics legally, responsibly, and safely upon award, including experience, expertise, and proficiency with psychedelic research, training and supervising of providers for psychedelic treatment, appropriate means of obtaining the needed quantities of the psychedelic drug of study, clinical facility requirements and available resources, how the therapeutic interaction will be managed, post-dosing monitoring, and adverse event reporting, including serious adverse event reporting. Describe previous engagement with relevant regulatory bodies for psychedelic research and plans for submission of Investigational New Drug application to FDA, Institutional Review Board (IRB) submission, U.S. Drug Enforcement Agency (DEA) registration, and Research Advisory Panel of California for Schedule I or II drugs (approval required after FDA, IRB, and DEA approvals, see checklist to ensure efficient application and review process), as applicable. CIAPM expects awardees to obtain the above regulatory approvals within six-to-eight months of award start. **A study timeline** that includes appropriate time for regulatory approvals, study launch, participant recruitment, data collection, data analysis, and dissemination of findings **is required.**

Biosketches/Resumes (no page limit)

Provide biosketches, in NIH format for each scientific team member, with the Lead PI listed first, followed by the Co-PI. Provide resumes for non-scientific team members, as applicable. **Team members who do not already have a NIH biosketch can use a resume.** 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 (up to $2 million per project) will be used. If a fourth year is requested, please include a rationale of why the additional year would be needed. Indirect costs to academic institutions will not be supported by CIAPM funds, but indirect costs (up to 25% of the Partner Organization's

direct costs) can be proposed and supported for nonprofit community organizations through subawards.

- A ***minimum* 15%** of the budget must be allocated to the Partner Organization. For projects with multiple Partner Organizations, the total budget allocated to all Partner Organizations must add up to a minimum of 15%. 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.
- The NIH salary cap applies to anyone involved in the project.
- 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 how CIAPM funds 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 be California-based. A collaborator or consultant outside of California may receive funds from a CIAPM grant not to exceed $50,000 per individual entity, unless written justification is provided in the Full Application.

Stage 2 Initial Application: Submission

Initial Applications must be submitted electronically through the online CIAPM submission portal on or before **February 19, 2027 at 3:00 p.m. Pacific Time**.

Stage 3 Full Application: Required Sections

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 project and summarize the expected outcome(s) and potential impact. Ensure that the connection to precision medicine in psychedelic research and impact for veterans is clear and interwoven throughout this section.

Project Plan (Page Limit: 6)

Note: Applicants are expected to elaborate on the Project Plan in the Full Application and include updates or changes from the Initial Application, as necessary.

1. Advancing precision medicine in psychedelics research

Describe how the proposed project applies approaches of precision medicine to advance psychedelic research. Describe the rationale for the project and what important question, problem, or barrier the project aims to address. Describe the tangible public benefit, impact for veterans, the potential to reduce health disparities, and how the field will benefit, including the clinical and commercial potential if the project is successful.

2. Approach and deliverables

Describe the components of the proposed project, including specific aims, research strategy, and a brief summary of the trial design and how blinding will be managed (as applicable). Describe why the approach is appropriate to accomplish the project goals. Include an overview of the existing strengths and resources available, such as the depth and breadth of data available in the focus area. Projects should consider the appropriate and relevant application of recent FDA considerations for clinical investigations with psychedelic drugs.

Provide a brief summary of the anticipated participant demographics and describe the veteran subpopulation of study (as applicable). Describe the deliverables that include at least one precision medicine asset developed as a result of this project, such as new infrastructure, tools, measurements, and data (e.g. 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 the development and/or use of efficient and effective data integration and analysis, if applicable (e.g., electronic health records, mobile health device data, and research databases).

Describe how the application will develop or amplify quality opportunities for trainees and/or students to apply precision medicine to psychedelic research and/or engage veterans.

3. Project team and role of the partnership(s) in advancing project goals

Describe the expertise of the team in advancing project goals and experience with conducting psychedelic research and engaging veterans. Describe the role of partner(s) in advancing project goals and how the partnership would be sustained beyond the funding period, for example through capacity building or building of infrastructure and workflows. Describe how the partnership breaks down silos between academic institutions and communities, effectively integrates community perspectives into study design, data interpretation, and dissemination to ground the research in real-world needs of the veteran communities, and fosters co-learning for meaningful integration of perspectives. If there is a private sector collaborator, describe their role and contribution to the project.

4. Engagement with and impact for veterans

Describe the community engagement approach with veterans and the potential for the project to positively impact veteran communities. Describe strategies such as developing opportunities to build trust, approaches to ensuring consent, or practical principles for data sharing, privacy, and security. To help facilitate participant and community engagement, projects must include a **community advisory board.** The community advisory board should consist of veterans and other stakeholders who have a connection to, expertise in, or lived experience related to psychedelics or the health condition(s) of study. Projects may also employ patient navigators, host focus groups to better understand veteran/community issues or describe efforts to allow veterans access to their medical data, and/or present opportunities to contribute data from this project to other research studies. Describe the data ownership and data sharing plan, including the potential for sustainable data access and use, and the expertise to use the dataset while ensuring data security and confidentiality meet standards accepted by the State.

5. Anticipated challenges and proposed solutions

Describe potential barriers to the project's success, including those that could delay the launch, progress, or completion (e.g., human subjects, participant recruitment and retention, health literacy barriers, cultural or language access barriers, mobile patient populations, or data access changes), and describe potential solutions to these challenges.

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. 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. Provide updates on the development process from the Initial to Full Application.

Human Subjects Research Requirements

Applications must designate whether Human Subjects Research is proposed as defined under applicable state or federal rules, regulations, or guidance. If the proposed research involves human subjects, a brief sentence should be provided in the application stating that human subjects research is involved. If the proposed research does not involve Human Subjects Research, a brief sentence should be provided in the application stating no human subjects involved.

State and Federal 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.

Readiness to Conduct Research with Psychedelics Legally, Responsibly, and Safely (Page Limit: 3)

Projects should consider appropriate and relevant application of recent FDA considerations for clinical investigations with psychedelic drugs. Describe the project team's readiness to conduct research with psychedelics legally, responsibly, and safely upon award, including experience, expertise, and proficiency with psychedelic research, training and supervising of providers for psychedelic treatment, appropriate means of obtaining the needed quantities of the psychedelic drug of study, clinical facility requirements and available resources, how the therapeutic interaction will be managed, post-dosing monitoring, and adverse event reporting, including serious adverse event reporting. Describe previous engagement with relevant regulatory bodies for psychedelic research and plans for submission of Investigational New Drug application to FDA, IRB submission, DEA registration, and Research Advisory Panel of California for Schedule I or II drugs (approval required after FDA, IRB, and DEA approvals, see checklist to ensure efficient application and review process). CIAPM expects awardees to obtain the above regulatory approvals within six-to-eight months of award start. **A study timeline** that includes appropriate time for regulatory approvals, study launch, participant recruitment, data collection, data analysis, and dissemination of findings **is required. Include a brief data and safety monitoring plan and updates since the Initial Application submission.**

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). Highlight any updates (if appropriate) for new Partner Organizations and individuals, project team expertise, matching funds, and/or changes made. Refer to specific Full Application items in the response.

Partnership Organization Overview (Page Limit: 2 pages/Partner Organization)

For each Partner Organization, summarize the structure, experience, and expertise of the Partner Organization regarding support for veterans and capability and capacity to add lived experience, expertise, and/or community or data assets to the project. This can include an organizational chart, a description of the organization's board, and a brief summary of the organization's strategic plan, as applicable. At least one Partner Organization must demonstrate **a minimum of five years of experience serving veterans.**

Biosketches/Resumes (no page limit)

Provide biosketches, in NIH format for each scientific team member, with the Lead PI listed first, followed by the Co-PI. Provide resumes for non-scientific team members, as applicable. **Team members who do not already have a NIH biosketch can use a resume.** 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 Page)

Outline how the project funds (up to $2 million per project) will be used, including personnel, subawardee(s), travel, materials and supplies, equipment, consultants, and other direct costs. If a fourth year is requested, please include a rationale of why the additional year would be needed. Indirect costs to academic institutions will not be

supported by CIAPM funds, but indirect costs (up to 25% of the Partner Organization's direct costs) can be proposed and supported for nonprofit community organizations through subawards. See Exhibit B1 of the State's Model Agreement for budget justifications that will be requested of awardees.

- A ***minimum* 15%** of the budget must be allocated to the Partner Organization. For projects with multiple Partner Organizations, the total budget allocated to all Partner Organizations must add up to a minimum of 15%. 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.
- The NIH salary cap applies to anyone involved in the project.
- 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 to cover costs associated with annual site visits and travel to CIAPM events.
- 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 be California-based. A collaborator or consultant outside of California may receive funds from a CIAPM grant not to exceed $50,000 per individual entity, unless written justification is provided in the Full Application.

Detailed Budget (Page Limit: 3)

Provide a detailed budget breakdown to support the narrative, using this CIAPM template, which is similar to the budget template that will be requested of awardees in Exhibit B of the State's Model Agreement. 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.

Optional Letters of Support (Limit: None)

Letters of support are optional and may include letters from collaborators or any others who are not members of the Project Team. Letters should not be from Co-PI, PI, or Co-Is. Letters of support can include details of in-kind, financial, or other resources contributed to the project. Include a cover page that lists the name, title, organization, for each person who submits a letter of support.

Letters of Support Cover Page Table

(Add more rows as needed.)

Name	Title	Organization

Stage 3 Full Application: Submission

Full Applications must be submitted electronically through the online CIAPM submission portal on or before **June 4, 2027 at 3:00 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 approximately two 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, psychedelic research, veterans health, and community 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. Members of the public can nominate an out-of-state expert for the selection committee using this form.

Selection: Selection Criteria

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

1. Significance and Potential for Public Benefit

Does the project appropriately apply approaches of precision medicine to address an important question, problem, or barrier in psychedelic research? Is there a strong rationale for the project? If the aims of the project are achieved, to what extent will the field benefit? Is there a tangible public benefit addressed by the project and does it have the potential to benefit veterans and reduce health disparities?

Reviewers will consider the following selection criteria:

- The potential for impact to advance psychedelic precision medicine research
- The potential for tangible public benefit
- The community engagement approach with veterans and the potential for the project to positively impact veteran communities.
- The potential to reduce health disparities
- The clinical and commercial potential of the project

2. 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? Are potential challenges and alternative solutions presented? Is the project feasible?

Reviewers will consider the following selection criteria:

- The quality of the application of precision medicine approaches in psychedelic research for health conditions experienced by veterans
- The potential for the aims to accomplish the project goals
- The appropriateness of the inclusion of underrepresented populations and/or veterans subpopulations
- The potential for impactful deliverables/precision medicine assets from the project, including new infrastructure, tools, measurements, and data
- The depth and breadth of data available in the focus area
- The prospects for efficient and effective data integration and analysis and potential to scale and leverage multiple electronic health records systems
- The extent and quality of opportunities for trainees and/or students to apply precision medicine to psychedelic research and/or engage veterans
- The feasibility of the project within the proposed timeframe

3. Suitability of the Team and Partnership to Advance the Project and Engage Veterans

Do the Lead PI, Co-PI, and other key project team members have complementary and integrated experience and expertise to advance the project goals and engage veterans, including experience working with community-based organizations? Is the partnership well suited to advance the project goals and engage veterans through the addition of lived experience, expertise, and/or community or data assets? Does the Partner Organization have experience working with non-profit academic researchers and vice versa? 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 and foster co-learning for meaningful integration of perspectives?

Reviewers will consider the following selection criteria:

- Experience and expertise of team members at both the Primary Institution and Partner Organization(s) to advance project goals and engage veterans
- Suitability of the partnership to advance project goals and engage veterans, including the potential for the partnership to break down silos and effectively integrate community perspectives to ground the research in the real-world needs of veteran communities
- The authenticity of the partnerships and if partners are equitably involved in the design, implementation, evaluation, and dissemination of the project
- Sharing data and/or protocols plans, including the potential for sustainable data access and use and approaches to protect privacy and personal health information

4. Legal, Responsible, and Safe Research Conduct with Psychedelics

Has the project team demonstrated readiness to conduct research legally, responsibly, and safely upon award, including appropriate experience and expertise with psychedelic research, training and supervising of providers for psychedelic treatment, appropriate means of obtaining the needed quantities of the psychedelic drug of study, how the therapeutic interaction will be managed, and adverse event reporting? Has the team previously, effectively, engaged with the appropriate regulatory bodies and are their plans for achieving regulatory milestones feasible (e.g. FDA, DEA, and IRB approval)?

Reviewers will consider the following selection criteria:

- Readiness and proficiency to conduct research with psychedelics
- The legal, responsible, and safe conduct of psychedelic research, including ensuring participant safety and protecting privacy and personal health information

5. Overall Impact

An assessment of the potential impact of the project, considering the significance and potential for public benefit, approach, and suitability of the team and partnership to advance the project. For example, does the application demonstrate a major impact for precision medicine in psychedelics research that effectively engages and impacts veterans, aims to reduce health disparities, and leverages team expertise and partnerships? An application does not need to be strong in all categories to be judged likely to have a major impact.

Additional selection considerations may include:

- Where the project is located in California to balance geographic and institutional diversity of awarded Primary Institutions and Partner Organizations.

- Resources available for the project outside of the Initiative, including the potential for leveraging non-state funding.
- Authentic and meaningful engagement and inclusion of veterans who identify as members of tribes, tribal organizations, or other Indigenous communities and tribal practices and traditions.
- Appropriate inclusion of underserved veteran subpopulations, such as those currently or previously unhoused or experiencing homelessness, previously incarcerated, veterans with combat exposure, or veterans that have experienced military sexual trauma.

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. Partners should be 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 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

The Primary Institutions selected for funding will be the awardee and asked to enter into an agreement with CalHHS (based on the State's Model Agreement). Terms and conditions for all awards will be based on University Terms and Conditions (UTC-220). All agreements will include the following terms:

- **Start Date:** Initiate work within 30 days of agreement execution.
- **Funds:** Funds will be disbursed monthly or quarterly by reimbursement.
- **Indirect Costs:** Indirect costs to academic institutions will not be supported by CIAPM funds, but indirect costs (up to 25% of the direct costs) can be proposed and supported for nonprofit community organizations through subawards. 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.
- **Use of Data:** Share data and research findings in a manner consistent with academic and state open-access standards. CIAPM encourages awardees to work together to align study measures, metrics, and deliverables to enhance public benefit.
- **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.
- **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.
- **Schedule I/II Drug Research Compliance:** Submit confirmation of approvals from the relevant regulatory bodies (FDA, IRB, DEA, and Research Advisory Panel of California) to CIAPM. CIAPM expects awardees to obtain these regulatory approvals within six-to-eight months of award start. Comply with the reporting requirements for these relevant regulatory bodies for research with Schedule I or II drugs and submit and submit proof of compliance to CIAPM (e.g. copies of submitted reports and confirmation of receipt), as applicable.

- **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.
- **Kickoff Meeting and Site Visits:** Coordinate with CIAPM for a project kickoff meeting and annual site visits.
- **Monthly/Bi-Monthly Meetings:** Meet at least monthly or bi-monthly with CIAPM to assess progress toward milestones, budget status, and other pertinent topics.
- **Annual Symposium:** Attend an annual research symposium with other CIAPM awardees.

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 "Psychedelic Research Veterans 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.

Appendix

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 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 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.
- PCORI-Sponsored Journal Article Collections — Patient and Veteran Engagement in Health Research — Reflects the shared goals of PCORI and the Veteran Administration's (VA) Health Services Research and Development to assess what is learned about engagement in research and inform a larger strategy to continue developing the science of engagement. 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.
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