

CALL FOR APPLICATIONS: PILOT AND FEASIBILITY PROGRAM

**Applications due by 03/29/2022 (midnight)**

# OVERVIEW

The overarching goal of the Healthy Weight Research Network (HWRN) is to build research capacity that will improve our understanding of and impact on the health behaviors to achieve and maintain a healthy weight in youth with autism spectrum disorder (ASD) and other developmental disabilities (DD).

The HWRN will prioritize pilot studies that: 1) include youth and families from diverse backgrounds; 2) reach underserved populations; and/or 3) is led by a researcher(s) from underrepresented backgrounds as defined by NIH [NIH’s definition of underrepresented backgrounds](https://diversity.nih.gov/about-us/population-underrepresented)

Applications that use qualitative, quantitative, or mixed methods approaches are welcome.

Health behaviors linked with healthy weight and associated research topics of interest include, but are not limited to, the following:

* Eating patterns, eating behaviors, and family practices around food/mealtimes
* Physical activity and sedentary and screen time behavior patterns and their relation to weight status
* Sleep and its association with eating behaviors and weight status
* The influence of school and community-based organizations on children’s food intake and physical activity
* Prevention or intervention programs and/or systems of care that can be developed, adapted, and delivered to yield the most positive outcomes possible
* The characteristics, experiences, and/or priorities of individuals with ASD/DD and their families, and how these factors may intersect with race/ethnicity, gender, poverty, or other historically marginalized characteristics to influence/inform the maintenance of a healthy weight
* Impact of food insecurity on weight status
* The development and/or assessment of dietary, physical activity, and other relevant weight-related measures

[Examples of previously funded pilot projects](https://hwrn.org/research-portal/pilot-projects/)

In order to facilitate future research studies in these areas, the HWRN’s Pilot & Feasibility program will provide funding (direct costs only) for 1- or 2-year pilot research projects. Applicants may apply for either one year (up to $35,000) or two years of funding (up to $25,000/year, for a total of $50,000).

## Funding Period:

Funding will begin on June 1, 2022 and be completed by June 30, 2023 for one-year grants.

Two-year grants will begin on June 1, 2022 and be completed by June 30, 2024.

## Eligibility:

We anticipate making 2-3 awards, with one designated for an early-stage investigator. Early-stage investigators include those who have completed their doctoral (or equivalent) degree within the past 7 years, and have not received R01 funding from the NIH.

**Awards can be made to institutions in the U.S. only.** Eligible applicants must be a Member or Associate Member of the HWRN. [*Information about becoming an Associate Member*](https://hwrn.org/network-activities/associate-membership/)

## Key dates:

* **3/29/2022 -** Full application due by midnight
* **5/16/2022 -** Applicants notified of Award Decisions
* **6/1/2022 -** Approximate award start date contingent upon receipt of IRB approval

# EVALUATION CRITERIA

Applications will be reviewed by a review committee and will be evaluated according to the criteria below:

## *Significance/Merit:*

* To what extent does the proposed line of research address the HWRN priority area(s)?
* Does the proposal address an important gap in the research or provide preliminary information that will support efforts to address a gap in knowledge related to helping youth with ASD/DD maintain or attain a healthy weight?
* Does the proposed line of research have significant potential to improve the weight-related health of children and adolescents with ASD/DD?
* Are plans for future funding delineated? Investigators should include in their application how these pilot grants will be used to secure external funding for research in the HWRN’s target areas.

## *Methodology/Approach:*

* Can the project to be accomplished within the proposed timelines (12 months for one year of funding or 24 months for 2 years of funding)?
* Will the results of the project, if successful, be likely to lead to other grant applications/external funding?
* Are the study concept and design appropriate for a pilot study?
* Are the proposed data to be collected appropriate for the study question(s)?
* Are the key variables clearly defined and measured?
* Are the statistical methods clearly specified and appropriate?
* Are there likely to be any problematic human subjects’ issues or ethical concerns?

## *Investigators:*

* Are the PI and other key personnel adequately trained and qualified to carry out the project?
* Is there an appropriate plan for the supervision of mentees (i.e., post-doctoral applicants), if applicable?

## How to Apply:

1. Complete the application cover page form found on the next page or [download the application cover page form from the HWRN website](https://hwrn.org/research-portal/proposal-%20submission/)
2. Submit the completed application form via email to [HWRN@umassmed.edu,](mailto:HWRN@umassmed.edu) no later than **03/29/2022**, midnight. Please note that communications via email are not secure. There is a possibility that information you include in an email can be intercepted and read by someone other than the intended recipient. Please secure your email before sending it.

## Due Date:

* Applications must be submitted by **March 29, 2022, midnight** via email to [HWRN@umassmed.edu](mailto:HWRN@umassmed.edu)

Please contact Jennifer Brooks with questions by email ([*jennifer.brooks@umassmed.edu*](mailto:jennifer.brooks@umassmed.edu))

# APPLICATION FORM

## SECTION 1. COVER PAGE

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Budget Request: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Name and Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Academic and/or Institutional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are human subjects involved in the research? \_\_\_** Yes **\_\_\_** No

***Projects that involve human subjects will require IRB approval by the applicant’s institution. Documentation of IRB approval must be provided prior to disbursement of funds.***

**APPLICANT ASSURANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***I agree to accept responsibility for the scientific conduct of this project, to provide a final report and periodic reports (relative to future funding), as requested. I also agree to acknowledge HWRN support in all publications and presentations that result from this project.***

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Department Chair or Institutional Signing Authority (as required by your institution):**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## SECTION 2. PROJECT ABSTRACT

Please limit to ½ page. Be sure to include a statement indicating how this project meets at least one of the research priorities of the HWRN.

## SECTION 3. RESEARCH PLAN

**NOTE: THE RESEARCH PLAN (including the Specific Aims) MUST NOT EXCEED 6 PAGES.**

### Formatting Instructions:

Single spaced; margins set at ½ inch for all sides of the page

* Text should be typed in Arial 11 font. Tables and figures may be in Arial 10.
* The Principal Investigator’s name (one name) should be entered in the header of all pages.
* Applications should be paginated

### Include the following sections in your Research Plan:

#### **1. Specific Aims** (One Page Maximum)

* Should state directional hypothesis, if applicable.
* Should include clear and measurable outcomes.

#### **2. Background & Significance** (*Two Pages Maximum*)

* Include a clear description as to how the research is relevant to the HWRN research agenda.
* Reference prior work of the investigator or investigative team, if applicable.

#### **3. Research Design & Methods** (*Two Pages Maximum*)

This section should describe the following:

* Study design (e.g. descriptive, cross-sectional, randomized)
* Population and setting
* Data collection procedures and measures to be used
* Data analysis plan
* Timeline and discussion of the feasibility of completing the work within the proposed time

#### **4. Priority Areas** (*One Page Maximum*)

* Please address whether and how you believe your application meets one or more of the priority areas:

1. includes youth and families from diverse backgrounds;
2. reaches underserved populations; and/or
3. is led by a researcher(s) from underrepresented backgrounds as defined by NIH [NIH’s definition of underrepresented backgrounds](https://diversity.nih.gov/about-us/population-underrepresented)

#### **5. Human Subjects**

* Include a clear plan for addressing research ethics (e.g., human subjects)

#### **6. References Cited:** (*One Page Maximum*)

Please include full reference citations

## SECTION 4. BUDGET & BUDGET JUSTIFICATION

Please indicate the length of your proposed project:

\_\_\_ One (1) year project (up to $35,000)

\_\_\_ Two (2) year project (up to $25,000 year for a total of $50,000)

**Note: Indirect and overhead costs are not allowable costs. Other unallowable costs include:**

* Computers, laptops, other electronics
* Graduate program tuition, stipends, or fees
* Meals or hospitality (including alcohol)
* Membership dues or professional fees
* Travel

YEAR 1 DIRECT COSTS

| Personnel | | | |
| --- | --- | --- | --- |
| NAME | ROLE ON PROJECT | FTE | SALARY & FRINGE REQUESTED |
| Blank cell | Blank cell | Blank cell | Blank cell |
| Blank cell | Blank cell | Blank cell | Blank cell |
| Blank cell | Blank cell | Blank cell | Blank cell |
| Blank cell | Blank cell | Blank cell | Blank cell |
| Blank cell | Blank cell | Blank cell | Blank cell |
| SUBTOTAL: | | | Blank cell |
| EQUIPMENT (Itemize) | | | Blank cell |
| SUPPLIES (Itemize by category) | | | Blank cell |
| OTHER EXPENSES (Itemize by category) | | | Blank cell |
| TOTAL COSTS FOR YEAR 1 BUDGET PERIOD | | | Blank cell |

YEAR 2 DIRECT COSTS (if applicable)

| Personnel | | | |
| --- | --- | --- | --- |
| NAME | ROLE ON PROJECT | FTE | SALARY & FRINGE REQUESTED |
| Blank cell | Blank cell | Blank cell | Blank cell |
| Blank cell | Blank cell | Blank cell | Blank cell |
| Blank cell | Blank cell | Blank cell | Blank cell |
| Blank cell | Blank cell | Blank cell | Blank cell |
| Blank cell | Blank cell | Blank cell | Blank cell |
| SUBTOTAL: | | | Blank cell |
| EQUIPMENT (Itemize) | | | Blank cell |
| SUPPLIES (Itemize by category) | | | Blank cell |
| OTHER EXPENSES (Itemize by category) | | | Blank cell |
| TOTAL COSTS FOR YEAR 2 BUDGET PERIOD | | | Blank cell |

**TOTAL FUNDS REQUESTED (Years 1 and 2 as applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_**

### Budget Justification

* Identify all costs that are ***necessary*** and ***reasonable*** to complete the work described in your proposal. In a clear, concise manner, please justify each budget item using the following as a guide:
* Personnel Justification:Include the name, role, and FTE (%) for each person named on the project. The responsibilities of each person on the project, whether they receive funding, should be described.
* Supplies, Equipment, and Other Expenses:Provide an item-by-item description of supplies, equipment, and/or other expenses, and how they will be integral to the conduct of the proposed project.
* Project periods can be up to 12 or 24 months. Disbursement of funds will be contingent upon receipt of IRB approval from the applicant’s institution.
* As with any application, please ensure that your institution’s administration has been notified of your intent to respond to this funding opportunity, per your institution’s guidelines and policies.

## SECTION 5. BIOSKETCHES

Applicants should use the NIH form for all named investigators. Biosketches should not exceed 5 pages maximum per investigator.

## SECTION 6. LETTERS OF SUPPORT

Letters of support are only required if the research involves the use of resources of another institution, agency, or entity and the resources are critical and integral to the project. Letters of support should indicate the organization’s or agency’s agreement to collaborate in the research and make their resources available to the investigative team. If the PI is a post-doctoral student, a letter of support from the mentor is required.