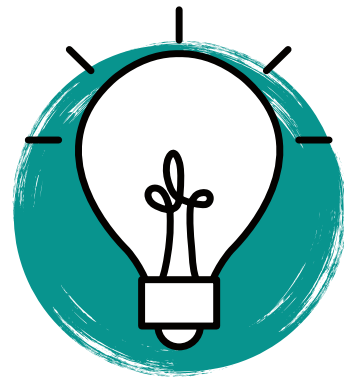A C C E L E R A T E.
I N N O V A T E.
D I S S E M I N A T E.
W I T H Y O U R C C T S.

CCTS Partner Network Pilot Program

From the bench to the bedside, the Center for Clinical and Translational Science (CCTS) is on a mission to improve health and health equity in communities across the deep south. By working together, we can accelerate discovery and advance research across the translational spectrum into improvements for human health and healthcare delivery.

Pilot projects must be focused on translational science (i.e. assess a principle underlying a step of the translational process with the goal of developing ***generalizable principles*** to accelerate translational research). While projects may demonstrate advances in translational science via a use case, projects focused on crossing a particular step of the translational process for a particular target or disease are not allowed.

Investigators spanning the **CCTS Partner Network** may request up to $30,000.

Key Dates:

NOFO Release.	September 6, 2023
Translational Science in Pilots (Q&A).	September 7, 2023
Pre-Application Due.	October 25, 2023
Full-Application Due.	December 21, 2023
Planned Award Period.	May 2024 - April 2025

Learn More: go.uab.edu/CCTSpilots
Contact: Anne Russell, PhD (anneruss@uab.edu)

CCTS
Center for Clinical and Translational Science

CCTS PARTNER NETWORK PILOT PROGRAM

Overview

The NIH's National Center for Advancing Translational Science (NCATS) has the unique charge of examining the translational research ecosystem at a systems level to determine where common pitfalls exist in the translational process and developing innovative solutions that will ultimately benefit research across a range of diseases and conditions. A key tenant of translational science is to understand common causes of inefficiency and failure in translational research projects. NCATS stance is that many of the causes are the same across targets, diseases and therapeutic areas. Therefore, advances in translational science will increase the efficiency and effectiveness of translational research to improve health.

In alignment with NCATS mission, the CCTS Partner Network Pilot Program supports projects that build an evidence based for high-impact translational innovations that are generalizable to the advancement of clinical translation. The program's framework integrates translational strategies, such as cross-disciplinary team science and bold and rigorous research approaches, which serve as operational models lending to further identification of clinical translational innovations.

Proposals

Pilot projects must be focused on translational science, i.e. assess a principle underlying a step of the translational process with the goal of developing *generalizable* innovations to accelerate translational research. Research plans may lie at any point along the translational science spectrum. Projects may include, but are not limited to:

- **Developing** new research methodology, technologies, tools, resources that will advance clinical translational science (CTS) and thus increase the efficiency and effectiveness of translation. For example, projects that focus on:
  - Clinical Research Efficiency to identify and/or resolve scientific uncertainties and operational inefficiencies that limit the ability to test or deliver health interventions.
  - Data Science, Informatics and/or Artificial/Machine Intelligence approaches to increase data congruence, interpretation or accessibility for scientists, physicians or patients that may be used to foster improved health.
  - Therapeutic Development innovations to improve the accuracy and precision of drug candidate identification, efficiency, toxicology, exposure or administration.
  - Collaborative or Training Paradigms that emphasize patient-focus, health equity, diversity and inclusion and aim to reduce, remove or bypass translational bottlenecks, and identify and fast-track promising translational research projects.
- **Demonstrating** in a particular use case(s) that the developed innovation (see above) advances translational science by successfully making one or more steps of clinical translation more effective or efficient.
- **Disseminating** and Implementing effective innovations (see above) to become a standard of scientific, healthcare or community routines in a broadly-applicable, inclusive and equitable manner.

Special consideration will be given to projects represented by coordinated submission of applications that span 2+ CCTS Partner Network institutions, projects addressing translational barriers affecting rare diseases and applications that leverage major CCTS-connected enclaves (e.g. OneFlorida, All of Us, Alabama Genomic Health Initiative, ENACT, National COVID Cohort Collaborative (NC3) Data Enclave).

Projects may demonstrate advances in translational science via a use case / proof of concept; however, ***projects focused exclusively on crossing a particular step of the translational process for a particular target or disease are not allowed.*** Pilot project support is not intended for large projects by established investigators that would otherwise by submitted as separate research grant applications. Funds may not directly support any clinical trials beyond Phase IIB with the exception of Phase III clinical trials for treatment of rare disease.

Investigator Eligibility

Full-time faculty (or equivalent) from any of the CCTS Partner Network institutions are eligible to apply. Collaborative teams spanning multiple partner sites are encouraged but not required. This program is primarily

intended to support new or early stage investigators. Established investigators with a previous history of funding may apply if the proposed aims represent a major shift from their scientific portfolio to date and/or the proposed work shifts prior research to another stage along the translational science spectrum. Individuals with a faculty appointment with a start date on or before the award date are eligible. Clinical research staff professionals, health system administrators and trainees may play essential roles on pilot teams, including Multiple PD/PI (MPI), assuming a faculty member serves as the communicating MPI. All projects should directly represent the ideas of the principle investigator(s). Established investigators are discouraged from serving as the principal investigator on behalf of others and vice versa.

Application Process
This program utilizes a two-stage application process. **Pre-applications are due October 25, 2023 by 5PM.** Those considered sufficiently meritorious will be invited to submit a full application. The ~8-week period between receiving invitation to submit a full application and submitting represents a "consultation period". During this period, the CCTS will coordinate a BERD consult and Panel for all applicants. If the application proposes to enroll human subjects, the CCTS will supply applicants with feedback about their proposal as provided by the CCTS Community Scientific Action Board (CSAB). Applicants are highly encouraged to initiate consults with CCTS capacities and/or additional relevant shared capacity(ies) for feedback and/or quotes before submitting full applications. **Full applications (due December 21, 2023 by 5PM)** are reviewed using an NIH-style review. Applications selected for funding will be notified of selection, triggering a "Just-in-Time" request for information subject to QAQC review and NIH approval of the information before funding is provided.

Funding
The CCTS has committed $240,000 to this program during the planned project period of May 1, 2024 – April 30, 2025^. Applicants may request up to $30,000 (Direct). The number of awards is contingent upon a sufficient number of meritorious applications. Cost sharing is not allowed. Projects cannot be supplementary to parent projects supported by another funding source. Projects must be fully supported with NIH funds awarded through this funding announcement.

Project Period^
The planned project period is May 1, 2024 – April 30, 2025. However, awards and, by extension, the project period are contingent on NIH renewal of the CCTS. Projects are expected to be completed in one year. No cost extensions (NCE) or carryover requests cannot be supported by this funding mechanism.

Pre-Application Instructions

Pre-Application Proposal
Prepare pre-applications as a single, flattened, PDF containing the sections below. Do not provide a PDF that utilizes bundling, portfolios, chapters, segmentation functions as they may render the file incompatible for reviewers' consideration. Follow NIH formatting.

  A. **Pre-Application Research Plan** (2-page maximum)
   1. **Significance.** Address the critical ***translational barrier*** to progress that the proposed project seeks to address.
   2. **Innovation.** Explain how the application challenges and seeks to shift current research, clinical practice, and/or public health paradigms. Describe any novel theoretical concepts, approaches or methodologies, instrumentation or interventions to be developed or used, and any advantages over existing methodologies, instrumentation or interventions. Address how the proposed innovation is novel in a broad, ***generalizable*** manner.
   3. **Approach.** Include explicit statements of aims and corresponding hypotheses. Describe the overall strategy, methodology and analyses to be used to accomplish the specific aims of the project. ***Ensure that the proposed work systematically addresses overcoming a translational barrier in the conduct of research***.
   4. **References Cited.** Provide a bibliography of all references cited. This section is not included in the 2-page maximum.

  B. **Human Subject Enrollment** (if applicable, no page limit)
   If you plan to enroll human subjects, provide the following information as organized below.
   1. **Risks to Human Subjects:**

a. <u>Human Subjects Involvement, Characteristics and Design.</u> Describe the study population(s) to be included in the study and the anticipated numbers of subjects for each study group. List any collaborating sites where human subjects research will be performed and describe the role(s) of those sites and collaborating investigators in performing the proposed research.

b. <u>Study Procedures, Materials and Potential Risks.</u> Describe planned research procedures (interventions and interactions) involving study subjects; how research material, including biospecimens, data and/or records, will be obtained. If applicable, describe alternative treatments and procedures and rationalize the proposed approach.

2. **Adequacy of Protection Against Risks:**
   a. <u>Informed Consent and Assent.</u> Describe the process for obtaining informed consent (e.g. who seeks it, the environment under which it is sought and method of documentation). Provide justification if a waiver for some or all of the consent is planned.

3. **Recruitment and Retention:**
   a. <u>Recruitment.</u> Describe how you will recruit participants in your study (including planned recruitment activities)
   b. <u>Retention.</u> Describe how you plan to retain participants in your study (e.g. engagement strategies) or justify why retention is not needed (e.g. only one interaction).

C. **NIH Biosketch**
The biosketch provided for the PI(s) must conform to the [NIH Biosketch requirements](#). Biosketches are an opportunity to describe why you're [well suited for your role](#) in a project. Biosketches are not required for coinvestigators, collaborators or other significant contributors.

Other Project Information
Enter the following directly into the relevant fields in RED-ASSIST.

A. **Lay Summary** (250 words or less). Do not submit scientific abstracts in this field. A well-developed lay summary is imperative, as it is used to garner feedback from the CCTS Community Scientific Action Board (CSAB), identify reviewers for full applications and promotion of awarded projects. The lay summary is another place to address the critical ***translational barrier*** to progress that the proposed project seeks to address.

Submit Pre-applications via [RED-ASSIST](#) (https://redcap.dom.uab.edu/surveys/?s=XKRYLHKE34). You may utilize this [pre-application template](#) to conceptualize submissions; however, please do not use this template as part of submissions.

Consultation Period

If invited to submit a full application, the CCTS will coordinate a [BERD consult](#) and [Panel](#) for all applicants. The CCTS will also supply applicants with feedback garnered from the [CCTS Community Scientific Action Board (CSAB)](#) based on the information supplied in your pre-application. Applicants are encouraged to engage [CCTS capacities](#) (listed below) and/or engage additional relevant shared capacity, as needed, for feedback and/or quotes before submitting full applications. Applicants can engage CCTS capacities by contacting the CCTS ([ccts@uab.edu](#), 205-934-7442). Consults and resulting feedback are intended to help sharpen the science that applicants propose. Individuals engaged during the consultation period do not review or score full applications.

- **Biostatistics, Epidemiology and Research Design ([BERD](#))**
  The CCTS Biostatistics, Epidemiology and Research Design (BERD) unit supports a multidisciplinary team of biostatisticians, epidemiologists, and methodologists to assist investigators on study design, data collection and analysis.

- **[Panel](#)**
  A Panel, specifically a "Panel Done Quickly", involves assembling a group of peer experts that asynchronously assess study plans and then meet as group with the applicant to provide feedback to help develop a highly compelling application.

- **[Informatics](#)**
  Informatics expertise and resources can help investigators with study design; access to summary, limited (de-identified), and fully identified data sets; innovative tools and analytic approaches to support informatics research spanning the translational science spectrum.

- **Clinical Research Support Program (CRSP)**
  CRSP can discuss, provide resources and/or assist investigators with clinical study feasibility, regulatory requirements (e.g. human subjects research protocol development, good clinical practice, IND/IDE submissions, clinicaltrials.gov registration and reporting), budgeting, research nurses and study coordination, recruitment and data collection.
- **Bionutrition Unit**
  The Bionutrition Unit enables nutrition-related research, inclusive of a Metabolic Kitchen supporting nutritional requirements for outpatient studies, facilities and equipment to support onsite nourishment and metabolic analyses, study planning and nutritional education.
- **Specimen Processing & Biorepository Unit**
  The Specimen Processing & Biorepository Unit works closely with the CRU, Phase I Clinical Trials Unit and other UAB Health System clinics to rapidly process, aliquot, store and/or ship research specimens.
- **Clinical Research Unit (CRU)**
  The CRU provides investigators with clinical space (outpatient and limited inpatient), equipment and nursing capacities frequently needed to execute clinical studies.
- **Child Health Research Unit (CHRU)**
  The CHRU provides investigators with clinical space (outpatient) and equipment essential to support pediatric clinical studies.
- **Phase I Clinical Trials Unit**
  The Phase I Clinical Trials Unit is a program dedicated to providing leadership and support for the conduct of early phase (e.g. first in human) clinical trials.
- **Other Shared Resources – As applicable**
  Applicants are encouraged to use shared resources, as applicable to the proposed research.

Full Application Instructions

Full Application Proposal
Full application proposals should be submitted as a single, flattened, PDF containing the sections below. Do not provide a PDF that utilizes bundling, portfolios, chapters, segmentation functions as they may render the file incompatible for reviewers' consideration. Follow NIH formatting.

A. **Full Application Research Strategy** (4-page maximum)
   1. **Significance.** Explain the importance of the problem or critical ***translational barrier*** to progress in the field that the proposed project addresses. Provide a clear and concise description of the central theme and goals of project. Explain how the proposed project will improve scientific knowledge, technical capability, clinical practice, clinical services and/or interventions in one or more broad fields. If applicable, explain how the scope of work proposed builds, in a non-overlapping manner, with previously funded research.
   2. **Innovation.** Explain how the application challenges and seeks to shift current research, clinical practice, and/or public health paradigms. Describe any novel theoretical concepts, approaches or methodologies, instrumentation or interventions to be developed or used, and any advantages over existing methodologies, instrumentation or interventions. Explain any refinements, improvements, or new applications of theoretical concepts, approaches, methodologies, instrumentation or interventions. Address how the proposed innovation is novel in a broad, ***generalizable*** manner.
   3. **Approach.** Include one or more statements of a specific aim(s) and corresponding hypothesis(es) that are achievable in one year. Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project. Address how the proposed work will reduce or eliminate barriers to conducting subsequent work as planned by the applicant, conducted by the field and/or across disciplines. ***Ensure that the proposed work systematically addresses overcoming a translational barrier in the conduct of research***.
   4. **References Cited**. Provide a bibliography of all references cited. This section is not included in the 4-page maximum.

B. **Resource Management and Sharing Plan** (1-page maximum)
   Information requested in this section represents those outlined by the NIH's policies related to Data Management and Sharing Plans (DMSP), Genomic Data Sharing Plans and Sharing Model Organisms.

Address the resource sharing categories relevant to the proposed research. If a category is not applicable to the planned research, indicate "N/A".

1. **Resource Type.** Identify the type of resource(s) (i.e. scientific data, genomic data and/or model organism(s)) you plan to generate as part of the research. Describe which aspects of the resource(s) (e.g. raw or processed data; whole organism or vectors) and any other relevant information (e.g. metadata, study protocols, data collection instruments) will be preserved and shared.
2. **Related Tools, Software and/or Code.** Identify specialized tools are needed to support replication or reuse.
3. **Standards.** Describe any data formats, data dictionaries, data identifiers, definitions, unique identifiers or other data documentation applied to the data generated.
4. **Preservation, Access, Distribution or Reuse Considerations.** Describe how the resource(s) and related tools, software and/or code will be preserved. Describe how the resource(s) may be accessed in the future. Describe any anticipated limitation on the use of the resource(s) (e.g. restrictions imposed by the informed consent; applicable laws, regulations, policies, or existing or anticipated agreements; controlled access). If related to model organisms, describe how risks of infection or contamination will be minimized.
5. **Timelines.** Describe the timeframe that the resource(s) will be preserved.
6. **Oversight.** Describe how compliance with the proposed plan(s) will be monitored and managed.

C. **Protection of Human Subjects** (if applicable, no page limit)
   If you plan to enroll human subjects, provide the following information as organized below.
   1. **Risks to Human Subjects:**
      a. Human Subjects Involvement, Characteristics and Design. Briefly describe the overall study design. Describe the study population(s) to be included in the study and the anticipated numbers of subjects for each study group. List any collaborating sites where human subjects research will be performed and describe the role(s) of those sites and collaborating investigators in performing the proposed research.
      b. Study Procedures, Materials and Potential Risks. Describe planned research procedures (interventions and interactions) involving study subjects; how research material, including biospecimens, data and/or records, will be obtained and whether any private identifiable information will be collected in the proposed research project. Describe all the potential risks to subjects associated with each study intervention, procedure or interaction, including physical, psychological, social, cultural, financial and legal risks; risks to privacy and/or confidentiality; or other risks. Discuss the risk level and the likely impact to subjects. If applicable, describe alternative treatments and procedures and rationalize the proposed approach.
   2. **Adequacy of Protection Against Risks:**
      a. Informed Consent and Assent. Describe the process for obtaining informed consent (e.g. who seeks it, the environment under which it is sought and method of documentation). When appropriate, describe how potential adult subjects' capacity to consent will be determined and the plans for obtaining consent from a legally authorized representative for adult subjects not able to consent. Provide justification if a waiver for some or all of the consent is planned.
      b. Potential Benefits of the Proposed Research to Research Participants and Others. Discuss the potential benefits of the research to research participants and others. Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to research participants and others.

D. **Recruitment and Retention Plan** (if applicable, no page limit)
   If you plan to enroll human subjects, provide the following information.
   1. **Recruitment.** Describe how you will recruit participants in your study (including planned recruitment activities)
   2. **Retention.** Describe how you plan to retain participants in your study (e.g. engagement strategies) or justify why retention is not needed (e.g. only one interaction).

E. **NIH Biosketch** (5-page maximum each)
   The biosketch provided for the PI(s) must conform to the NIH Biosketch requirements. Biosketches are not required for coinvestigators, collaborators or other significant contributors. Investigators with a

faculty appointment starting on or before the award start date may append a Letter of Support from their Department Chair substantiating their upcoming appointment may be appended to their NIH Biosketch. Biosketches are an opportunity to describe why you're well suited for your role in a project.

F. **Budget** (1-page maximum)

Applicants may request up to $30,000 Direct Costs. Awards are limited to 12 months in duration. Applicants should utilize the PHS398 Form Page 4: Detailed Budget for Initial Budget Period to submit their budget. Allowable expenses include: personnel, supplies, and other expenses (e.g. shared resource capacities). Research space for inpatient / outpatient participant evaluations (provide hourly or overnight rates changed for NIH-funded or other research). PI salary may not exceed 15% of the total direct cost budget. In the case of multiple PIs, salary of each PI may not exceed 15%. Additional personnel expenses (e.g. research associates) are permitted to enable the performance of outlined investigation, as needed. Tuition is allowable according to the accounting policies of the PI's institution (be prepared to provide documentation) and that the graduate student is part of the investigative team. Consultant costs may be considered in unique circumstances and must be discussed with Pilot Program Leadership. Please send your requests to the CCTS (ccts@uab.edu) prior to submission of your full application. Unallowable expenses include: travel expenses, publication costs, alterations, renovations, capital equipment more than $5,000 and inpatient / outpatient care costs. Do not include indirect costs in pilot project budgets. Indirect costs are part of the award at the relevant institution's current, published rate.

G. **Budget Justification** (no limit)

All expenses must be well justified. Please download and use this Budget Justification Template or organize your budget justification as outlined by the "PHS Form Page 4: Detailed Budget for Initial Budget Period" as follows: Personnel, Consultant Costs, Equipment, Supplies, Travel (Not Applicable), Inpatient Care, Outpatient Care, Alterations and Renovations (Not Applicable), Other Expenses. Please see the NIH Guidelines for more information on what should be included in a "Detailed Budget Justification". If the project's budget includes a shared resource capacity(ies) (CCTS or beyond), include the name and contact information of the individual(s) that provided the quote(s).

H. **Letter(s) of Support** (no limit)
   1. **Appointment** (if applicable). Investigators with a faculty appointment starting on or before the award start date may include a Letter of Support from their Department Chair substantiating their upcoming appointment
   2. **Other Letters or Agreements** (if applicable). Other Letter(s) of Support and related agreements may be included in the application to substantiate a collaboration, utilization of a resource, etc.

I. **Project Timeline** (1-page maximum)

Please download and use this Project Timeline Template or create your own to define project milestones according to experimental plan. Projects are expected to be completed in one year.

Other Project Information

Enter the following directly into the relevant fields in RED-ASSIST.

A. **External Review**

Acknowledge that you understand and agree to the following: The CCTS participates in a national CTSA External Reviewer Exchange Consortium (CEREC) to improve fairness in the scientific review process and better match applicants with feedback from experts in their respective fields. External reviewers must agree to uphold confidentiality at the beginning of the review process.

B. **Just-in-Time Information**

Acknowledge that you understand and agree to the following: If selected for pilot funding, I understand that Just-in-Time information such as project relevant regulatory approvals/registrations (e.g. IACUC, IRB, IND/IDE, clinicaltrials.gov) and additional project attachments must be submitted to the CCTS, who will then submit the information to the NIH for review and approval. I understand that the Notice of Funding Opportunity (NOFO) describes the Just-in-Time period and that CCTS staff will help ensure timely submission and approval. I understand that NIH Approval of Just-in-Time information may be a contingency of the pilot award.

Invitations to submit a full application will contain a unique RED-ASSIST hyperlink, which must be used to submit a full application. Before submitting your full application, consider visiting the unquie RED-ASSIST hyperlink you were supplied upon invitation to submit a full application or review this full application template to conceptualize submissions. Do not submit the template as part of your application.

Review Criteria

Pre-Application Review Criteria

Reviewers will assess the scientific merit of the proposal based on significance, innovation, approach, investigator(s) and environment. Reviewers will consider the importance of the **translational barrier** to progress in the field that the proposed project addresses (e.g. if the proposed project will uniquely help accelerate clinical translation, if the approach is scientifically and logistically feasible). Beyond scientific merit, reviewers will also consider additional criteria such as the protection of human subjects, vertebrate animals and budget/timeline. Finally, reviewers will assign a single overall impact score (NIH 9-point scale).

Full Application Review Criteria

Reviewers will assess the scientific merit of the proposal in terms of significance, innovation, approach, investigator(s) and overall impact, providing a score (NIH 9-point scale) for each of these considerations. Reviewers will consider the importance of the *translational barrier* to progress in the field that the proposed project addresses (e.g. if the proposed project will uniquely help accelerate clinical translation, if the approach is scientifically and logistically feasible). Reviewers are empowered to consider the study timeline, protection of human subjects, vertebrate animals and extramural competitiveness as part of the overall impact score. Reviewers' consideration of the budget, resource sharing plans and involvement of foreign organization(s) should not affect the overall impact score. Comments on all sections are welcome, as they are leveraged to provide applicants feedback and may be considered by the Scientific Review Group (SRC) when the merit of applications are evaluated.

Regulatory Approval and Notice of Selection

Regulatory Approval - All lines of investigation supported by the CCTS Pilot Program require appropriate regulatory approvals (human subject research and/or vertebrate animal use, as applicable) and NIH / NCATS approval of those regulatory approvals/registrations prior to the commencement of regulated work.

Notice of Selection – To facilitate our program's regulatory approval process, applicants referred for award will receive a Notice of Selection (NoS) letter, akin to the NIH's "Just in Time" notification, which serves to inform applicants of possible funding selection and its contingency on NIH / NCATS approval of project relevant regulatory approvals/registrations (e.g. human subject research and/or vertebrate animal use). The NoS provides access to a dynamic "Just-in-Time" RED-ASSIST survey that guides applicants through regulatory and related documentation requirements (see this "Just-in-Time" RED-ASSIST Example Survey). The information that applicants supply will be reviewed via a CCTS QAQC specialist to ensure the content and format complies with the NIH's requirements. Then, the CCTS submits this information to the NIH for review and approval via the NIH's Human Subject System connected to the Center's grant in NIH ASSIST. Since there are only ~8 weeks between award selection and award start, and NIH approval is a contingency of award, applicants are highly encouraged to develop regulatory submissions before and during review of Full Applications.

Notice of Pilot Award and Award Administration

Notice of Pilot Award - Upon NIH approval of JIT information, the CCTS will send awardees a Notice of Pilot Award (NPA) that outlines the expectations of awardees (e.g. timelines, milestones, career enrichment opportunities, reporting, dissemination, public access). The NPA will also establish expectations for maintaining compliance with applicable federal regulations and NIH policies (e.g. human subject protections, vertebrate animal research, genetic material). Awards made to partner institutions will be amended to the relevant CCTS consortium contract.

Project Development Teams - The CCTS will work with you to set up a Project Development Team. These teams will bring together content experts and methodologists to meet with you and to assist with project

troubleshooting and progress. This panel will meet in the first few weeks of the award period to outline all immediately urgent issues (e.g., IRB approval). The group will meet quarterly thereafter.

Career Enrichment - The CCTS is committed to fostering the growth of early-stage investigators and promoting competencies in translational research. Awardees will provide information on the type of learning opportunities most relevant to their research plans, which will help inform which two Training Academy activities to attend throughout the year. To enable dissemination of pilot project concepts and results, awardees will present at the CCTS Partner Videoconference, a venue open to pivotal individuals of the CCTS Partner Network. Awardees are also expected to attend the annual CCTS Translational Training Symposium (registration fees will be waived) and the Association for Clinical and Translational Science (ACTS) annual meeting.

Progress Reports - In addition to meeting with Project Teams, you will be asked to provide scientific progress reports and, if applicable, enrollment information. Templates and the deadline(s) will be provided.

Citing the CCTS - According to National Institutes of Health (NIH) grants policy, all grantees publications (including research manuscripts, press releases and other publications or documents about research) that are funded by NIH, must include a specific acknowledgment of grant support.

Compliance with the NIH Public Access Policy - Award recipients are required to comply with the NIH Public Access Policy. This includes submission to PubMed Central, upon acceptance for publication, of an electronic version of a final peer-reviewed manuscript resulting from research supported in whole or in part by the NIH. The staff of Lister Hill Library (LHL) can help investigators navigate the Public Access Policy processes. For assistance, please contact Jill Deaver (jilld@uab.edu), LHL liaisons to the CCTS.