

CPR³ Request for Proposals

Collaborative for
Pandemic Recovery
& Readiness Research



University of California
San Francisco

This RFP is focused on the **impact of the COVID-19 pandemic on social and economic outcomes** (e.g., those related to household finances, housing/mobility, labor markets, etc.) and evaluation of policies/interventions designed to mitigate or stabilize these effects.

CPR³ background

The **California Collaborative for Pandemic Recovery and Readiness Research (CPR³)** was funded by the California Department of Public Health (CDPH) in 2022. With the goal of building a robust, agile, and equitable infrastructure to support public health, community, and academic collaboration, CPR³ will fund innovative research that relates to pandemic recovery and readiness across disciplines within the University of California (UC) system.

In alignment with California's [SMARTER plan](#), CPR³ aims to better understand the effects of the COVID-19 pandemic and the impact of the different public health, economic, and social interventions and policies that comprised the state's response and recovery measures. CPR³ defines *recovery* and *readiness* as follows:

- **Recovery** | As a public health crisis, COVID-19 has had severe effects on health, in addition to vast social and economic consequences. Understanding the far-reaching impacts of the pandemic is the first step in *equitable recovery* – the ability for all individuals and communities to experience renewed and/or improved physical, mental, economic, educational, and social well-being in a post-COVID-19 society.
- **Readiness** | By building on lessons learned over the course of the COVID-19 pandemic, California can strengthen its *collective readiness* to respond to future surges, new variants, and emerging viruses with more resilience. This collective readiness includes not only strengthening mechanisms for surveillance and the ability to manage health impacts of an unfolding public health emergency in real-time, but also swift implementation of measures to mitigate potential health, economic, and societal impacts.

Generating evidence describing how the COVID-19 pandemic and subsequent response and recovery measures affected the lives of California's diverse populations will enhance future public health decision-making.

The following three principles guide CPR³'s portfolio:

- **Centering around equity.** The pandemic has impacted many communities disproportionately and has perpetuated long-standing inequities, many of which are rooted in structural and interpersonal racism. Low-income communities and communities of color, as well as individuals living in rural areas or working in high-risk settings, are among the hardest hit. CPR³ is committed to exploring facilitators and barriers to equitable recovery and resilience across diverse individuals and communities.
- **Fostering innovative community-engaged research.** A multi-sectoral, transdisciplinary approach inclusive of diverse stakeholders is required to understand recovery and readiness given the complex intersectionality of health, social determinants, and economics. CPR³ aims to strengthen this crosstalk so that lessons learned can be effectively disseminated among policymakers, public health officials, researchers, community leaders, and the public.
- **Strengthening academic and public health collaboration.** The UC system comprises ten campuses across the state. CPR³ has a unique opportunity to build coordination and transdisciplinary collaboration across these campuses, such that insights and lessons learned can be shared with public health leaders in a timely and impactful manner.

RFP priority area | Focus on social and economic conditions

CPR³ is releasing multiple requests for proposals (RFPs) that focus on specific research priority areas related to pandemic recovery and readiness. The topic for this RFP is:

The impact of the COVID-19 pandemic on social and economic outcomes (e.g., those related to household finances, housing/mobility, labor markets, etc.) and evaluation of policies/interventions designed to mitigate or stabilize these effects

The COVID-19 pandemic and related response efforts have impacted social and economic conditions in ways that have yet to be fully realized. For example:

- The pandemic negatively impacted housing and food security, educational outcomes, transportation access, and community safety ([Abrams 2021](#), [Drake 2022](#)).
- Economic conditions worsened for many individuals/families (e.g., increased job loss, poverty, and unemployment), and communities (e.g., permanent business closures, loss of commercial property tax revenue for cities) ([Lawler 2022](#)).
- The pandemic transformed the employment landscape and shifted workforce opportunities across numerous industries (e.g., increased remote work opportunities for some sectors, paid sick leave programs), though little is known about how and whether these transformations impacted existing disparities or changed individuals' beliefs/attitudes/behaviors and/or employment decision-making and strategies ([Piacentini 2022](#)).

Furthermore, the pandemic has exacerbated existing social and economic disparities among already marginalized communities. Historically disadvantaged groups were disproportionately affected by the social and economic consequences of the pandemic, and were more likely to experience increased financial hardships, pandemic-related job loss, housing instability, food insecurity, and educational disparities ([Artiga 2020](#), [Chun 2022](#), [Payan 2022](#)).

Government interventions to minimize social and economic consequences of the pandemic have included economic stimulus packages, expansion and evolution of existing social safety net programs, and development of new programs to address emerging needs ([Banerjee 2022](#)). However, the medium- and long-term impacts of these policies and programs remain unclear, and evaluation of these efforts warrants further investigation. Furthermore, while there is evidence that participants and agencies have responded positively to the expansion of social safety net programs ([Martinez 2022](#)), their impact may have been affected by implementation shortfalls; most were designed to offer temporary relief, did not have universal reach, and were often offset by rising inflation rates ([Hamad 2022](#)). **Evaluation of these and other strategies is needed to better understand what can be done now and in the future to help individuals, families and communities recover from the social and economic consequences of COVID-19 or other public health emergencies.**

In California, certain groups have faced a disproportionate burden of social and economic consequences due to the pandemic. For instance, while public benefit expansions (e.g., WIC, SNAP) have been documented to alleviate the burdens of poverty following pandemic-related unemployment, uptake has been unequal across varied sociodemographic groups ([Molitor 2021](#)). Immigrants, regardless of legal status, as well as those living in rural communities, were found to under-utilize these benefits ([Foster 2022](#)). In addition, little is known about the pandemic-related impacts to urban populations and lasting impacts of long-term remote work ([Holmes 2021](#), [Kaiser 2022](#)). Given the state's geographic, socioeconomic, and racial and ethnic diversity, as well as substantial variation in the implementation and access to social and economic programs, there remains more to learn.

With a lens toward equitable pandemic recovery and readiness, this RFP aims to:

- Identify the effects of experiencing simultaneous social and economic stressors on health and well-being across the diverse populations of California
- Understand the impacts of the pandemic on neighborhood, structural, and environmental determinants, in addition to individual-level impacts that have been documented (e.g., eviction, permanent business closures, workforce changes)
- Describe effective components of interventions, programs, services, and policies that have mitigated social and economic stressors of the pandemic
- Identify grassroots, informal, and community-based responses that can be expanded upon through government partnerships to develop programs that can respond to social and economic impacts of COVID-19 or future pandemics

Responsive applications to this RFP

CPR³ will prioritize applications that:

- Center equity and social justice by describing culturally tailored programs and services which have alleviated pandemic-related disparities, particularly for historically marginalized populations
- Have the potential to inform or align with state-level initiatives to improve the social and economic conditions of Californians (e.g., initiatives pertaining to [affordable housing](#), [food insecurity](#), [small business revitalization](#), [network or digital infrastructure](#), [climate change](#))
- Develop methods for the harmonization and surveillance of data pertinent to social and economic factors, with a particular emphasis on ensuring representativeness of marginalized populations

For this RFP, a lens on social and economic equity, social and structural determinants of health, and multi-level interventions (e.g., individual, institutional, and community) will be prioritized, as will proposals which leverage and solidify meaningful partnerships with non-academic entities. A diverse array of methodologies will be considered, including but not limited to systematic reviews, epidemiologic studies, exploratory/pilot studies, mixed-methods studies, modeling, and policy/economic evaluations. Studies proposing the use of community-based participatory research methods, implementation science frameworks, and quasi-experimental approaches are particularly pertinent to this RFP.

Illustrative examples of research topics responsive to this RFP:

- Identifying neighborhood-level and structural factors that increased resilience in the social and economic conditions of communities (e.g., informal mutual aid programs such as neighborhood food shelves, or temporary transformation of urban spaces such as closing highways to use as pedestrian walking spaces)
- Using implementation science methods to describe community-led responses to the pandemic in terms of contextual factors that influence effectiveness or readiness for scale-up (e.g., neighborhood non-police safety programs, community libraries, walking clubs)
- Evaluating the long-term effects of enhancements to the social safety net during COVID-19 on individuals, institutions, and communities to inform policies and interventions moving beyond the pandemic

Topics not responsive to this RFP:

- Basic science related to SARS-CoV-2
- Clinical research solely related to COVID-19 symptoms, MIS-C and post-infection sequelae
- Vaccine and diagnostic development

- New randomized controlled trials or longitudinal cohorts*
- Studies excluding Californian geographies

* *Nested studies that leverage existing or ongoing randomized controlled trials or longitudinal cohort studies will be considered if they are responsive to the RFP topic area and are feasible to execute within the award period.*

By accelerating research in California, CPR³ aims to generate evidence to enhance future interventions, investments, and policies to build a stronger, more informed path to recovery and to better prepare for future challenges.

Award types

Award type	Direct cost ceiling	Deadline for submission
Pathfinder award	\$100,000	Application due April 17, 2023 by 6pm PDT
Catalyst award	\$200,000	
Implementation/scale award	\$300,000	

Three award types are available:

- **Pathfinder award:** The purpose of this award is to support formative or exploratory research, which can lay the groundwork for future independent funding. This may include, for example, pilot studies, evidence syntheses, secondary data analyses, or high-risk high-reward projects to support innovation and breakthrough research.
- **Catalyst award:** The purpose of this award is to enhance research that is on the critical path for practical application to the communities it aims to serve. We expect these applications to demonstrate existing preliminary data and/or research infrastructure. This may include but is not limited to: expansion of a project’s recruitment or geographical reach; enhancement to community engagement approaches; extension to additional research collaborators or sectors.
- **Implementation/scale award:** This award will support implementation research and scale-up of interventions and programs that have existing evidence of efficacy and/or effectiveness. The application must show evidence of potential for scale, such as involvement of advocacy/community organizations, or opportunities to translate research into policy.

Across all award types:

- Given CPR³’s funding timeline, the project duration for all award types is one year from the notice of award. Funds should be spent by June 30, 2024, after which time no-cost extensions may not be possible.
- New/early-stage investigators, existing PIs, or established PIs pursuing a new direction are welcome to apply. See individual and institutional eligibility section below.
- We welcome applications from all disciplines, including, but not limited to epidemiology, behavioral and social sciences, public health, health policy, economics, anthropology, data science, etc.
- We strongly encourage multidisciplinary and team science approaches, either within a single UC campus and/or between multiple UC campuses.
- We strongly encourage collaborations between academia-community partners, as well as multi-sectoral approaches. Collaborators should actively participate in the co-development of the project’s study design, implementation, and dissemination.

Timeline

Activity	Date
RFP released	March 6, 2023
Applications due	April 17, 2023 by 6pm PDT
Review window	April 18 to May 31, 2023
Funding decisions made/award notification	June 16, 2023
Awarded funds must be spent	June 30, 2024

Application process

Applications must be submitted electronically by the deadline listed above via this [Qualtrics application](#). The application template can be found on the CPR³ [How to Apply page](#). Please note that character counts are inclusive of spaces.

Application requirements:

- **Title** (up to 200 characters)
- **Technical abstract** (up to 2000 characters): Provide a brief background, rationale and purpose for the project for a technical audience.
- **Lay summary** (up to 2000 characters): Provide a brief background, rationale and purpose for the project for a non-academic audience.
- **Impact statement** (up to 750 characters): Describe how the project will help advance equitable pandemic-related recovery and/or readiness in the state of California. If applicable, identify public agencies and/or other stakeholders involved in your project, and explain how your research will be or could be used by external partners.
- **Keywords** (up to 3): List up to 3 keywords/phrases highlighting research or subject area, methodology, etc.
- **Specific aims** (1 page, submitted as a PDF): Succinctly describe the problem, gap in current knowledge, and propose your solution. Include up to 2-4 brief aims and outline your key steps to fulfill these objectives.
- **Project plan** (up to 3 pages, submitted as a PDF):
 - Background and significance
 - Preliminary studies, evidence of feasibility, and/or description of the investigative team, if applicable
 - Methods, including study design, participants, data collection, analysis plan, approvals needed, etc.
 - Timeline, including key milestones and/or deliverables
- **Budget and budget justification** (each submitted as a PDF): see section below
- **Biosketches** (submitted as individual PDFs): Include biosketches of the PI, and if applicable, co-PIs and co-investigators, following NIH's [current format](#). If a co-investigator is from a non-academic or non-research entity, a CV or resume will be accepted in lieu of a NIH biosketch.
- **Letters of support**, if applicable (submitted as a single PDF): Each letter must detail the collaborator's willingness to participate, role, and the team's approach to ensure collaboration and project progress. Please include at least one letter of support from each collaborating institution.

- **Other supporting documents**, if applicable (submitted as a single PDF): This may include, for example, bibliography/references cited, IRB approvals, Data Use Agreements, Memorandum of Understanding, etc.
 - Given that funds must be spent by June 2024, feasibility of obtaining IRB and other approvals, executing subcontracts, etc. within this timeline should be demonstrated.
 - If required, a PI waiver will be requested as a separate PDF.
 - If the PI is an early-stage investigator or trainee requiring mentorship, a letter of support from a primary research mentor will be requested as a separate PDF.

Formatting:

- Arial font size 11
- Single spaced with one blank line between sections
- Margins no less than 0.5 inches

Individual and organizational eligibility

- Individuals with PI status at any UC campus are eligible to apply. PIs must have a departmental mechanism to receive funding.
- Early-stage investigators at a career level beyond postdoctoral training (or equivalent) and less than five years as an independent investigator (e.g., Assistant Professor or equivalent) are encouraged to apply.
- Applicants who do not yet hold PI status at their UC institution may apply for this funding mechanism as a PI if they include assurance from their institution that such status would be granted if the application were selected for funding. PI waivers will be accepted on a case-by-case basis.

Other eligibility requirements:

- Lead PI applicant may submit to only one award within this RFP but can be listed as a co-investigator for other submissions provided that the projects are distinctly different.
- Applicants may apply to parallel CPR³ RFP opportunities provided that each application has unique specific aims.
- Applicants who have previously applied for CPR³ funding are eligible to apply provided that the new application has unique specific aims.
- Applicants are encouraged to work with other UC campuses, community-based organizations, and/or advocacy organizations that bring complementary perspectives. Named collaborators must furnish a letter of support, as described above.
- While the lead/submitting PI must be from a UC institution, up to two additional co-PIs and up to five co-investigators can be included in the application. These individuals do not need to be affiliated with a UC campus.
- Proposed research activities must take place in California. If other settings or non-California based entities are included in the proposal, clear justification is required.

Applicants from all UC campuses are highly encouraged. This RFP is not limited to UC campuses with health-specific programs. All types of disciplines – e.g., social science, economics, public health, policy, epidemiology, data science, etc. – are encouraged, as long as the proposed research is responsive to the RFP.

Community engagement and equity

CPR³ will focus on research of greatest importance and relevance to the many diverse groups that comprise California. Research to address the experiences and needs of individuals and communities who have been disproportionately impacted by the pandemic will be prioritized. Where applicable, applicants must clearly articulate how their research will consider social and structural determinants, such as racism, power, and privilege, to address inequities in pandemic recovery and readiness.

We encourage projects that demonstrate:

- Relevance to the community it aims to serve
- Practical application of research findings
- Well thought-out opportunities for community involvement in the design, implementation, and dissemination of the work – with clear opportunities for co-learning and reciprocity

Robust partnerships with community-based organizations and/or advocacy organizations that bring perspectives often under-represented in academia are highly encouraged. If community collaborators are named, letters of support must be included in the application.

Dissemination and data requirements

CPR³ is committed to disseminating research findings as widely as possible to promote public benefit and impact. Open access publication is required by either depositing the final accepted manuscript in alignment with [UC Open Access](#) policies, or by publishing open access. Funds can be included in the budget to cover publisher open access fees, and discounts may be available with several publishers. Awardees must also acknowledge the funding source when disseminating results publicly (i.e., conferences and publications). Acknowledgement language will be provided in the award letter.

After publication, CPR³ encourages awardees to share appropriate data sets with self-service online public data repositories, such as those recommended by the [NIH](#). While most repositories are free, some charge deposit fees which can be included in the proposed budget. CPR³ may guide awardees to appropriate data repositories; further information will be provided in the award letter.

Project reporting

The scientific abstract and lay summary provided in the application will be posted on the CPR³ website upon award, along with a short description of the project team.

In order to enhance coordination and collaboration, awardees will be asked to join a grantee works-in-progress virtual meeting (date TBD). It is envisioned that each awardee will present a works-in-progress presentation at least once during the grant period.

Awardees will be required to provide a final report within 60 days of project completion (template will be provided), as well as a 1-page summary brief targeted to a specific audience (e.g., lay community, policymakers, health providers). This product may be posted on the CPR³ website upon project completion.

As appropriate, awardees may be asked to participate in community presentations, as well as meetings with CPR³ program staff and/or CDPH. These meetings, for example, may serve to review research objectives, share interim or final analyses, and/or discuss potential for translation to policy.

Budget guidelines

The projected total amount of funding available for this RFP is up to approximately \$1.25 million, though this is subject to change pending submissions received and prior CPR³ RFP funding decisions.

Budget maximums reflect total costs only. Budgets should include the following categories:

- Personnel, salaries, and wages including fringe benefits
- Supplies and materials
- Services (includes consultant agreements)
- Travel/meeting expenses
- Equipment
- Subcontracts
- Other direct costs, such as communications, open access publication fees, campus-specific expenses (e.g., GAEL and IT Field Services charges), etc.

An example budget template can be found on the CPR³ [How to Apply page](#).

Budget requirements:

- When submitting, PIs should follow their campus policy for Sponsored Projects Office review and approval of proposals.
- Funds must be managed and spent in compliance with UC and State of California policies and regulations. Award recipients are responsible for working with their Controller's office to ensure fiscal compliance and proper reporting.
- These funds should be administered and managed in alignment with the [California Model Agreement Contract](#) from CDPH.
- F&A (indirect) costs are not allowed in the budget given that the CPR³ grant does not collect indirect costs from its funder, CDPH. However, in order to support some administrative activities associated with project implementation, awardees can charge up to 8% of the total budget for line items related to these activities (e.g., salary/percent effort to cover post-award grants management and administration).
- Funds can be used to support a pre- or postdoctoral trainee, including stipend, supplies, coursework, and conference attendance related to the proposed project.
- Existing, matching funds or in-kind contributions are encouraged and must be noted in applications. The PI must disclose any other funding for a project substantially similar to the proposed work.
- If IRB is required, awardees will be asked to provide approval before funds can be spent on human subject activities.
- If awarded, grants will need prior approval for budget reallocations in the event of:
 - Changes in purchase of capital equipment (>\$5k)
 - Changes to intended subcontractors
 - >25% of total award budget reallocation
- Carry-forward of funds is not encouraged and will be permitted only with prior approval. Funds should be spent by June 30, 2024, after which time no-cost extensions may not be possible.
- Overdrafts are not permitted and are the responsibility of the award recipient and corresponding department/unit.

- Projects must be fully invoiced using the intercampus request for reimbursement (IRR) mechanism no later than 60 days after the end of the award period for each project. Invoices submitted after this date will not be paid.

Subcontracts/subawards: We encourage partnership/collaboration between the submitting UC institution and other entities (such as other UC campuses, local health jurisdictions, or community-based organizations). If awarded, only the submitting UC institution will be funded directly. All other collaborating institutions will be subawards on the primary award whereby no indirect costs are included (see above guidance).

Application review process

Funding decisions will consider scientific merit, public health and societal relevance, and programmatic responsiveness. The review process will be modelled on the NIH procedures for peer review. This process is designed to ensure that applications are evaluated fairly, equitably, timely, and free from bias.

The review process consists of 3 stages:

1. **Screening:** The CPR³ team will pre-screen applications to ensure completeness, eligibility, and compliance to proposal and budget requirements. The team will manage potential conflicts of interest (COI), oversee the administrative aspects of the peer review process, and assign reviewers.
2. **Peer review:** CPR³ will form a Technical Review Committee (TRC) comprising individuals who represent subject matter or methodologic expertise, policy, community and public health. Each TRC member will:
 - Declare COI with specific applications
 - Review up to 4 applications each, depending on the number of applications received, such that each application will have at least 2 reviewers
 - Assign a numerical score to each review criterion along with a brief summary statement.

The TRC chair will facilitate a virtual peer review meeting, whereby discussion will focus on scientific/technical merit, feasibility, and appropriateness of budget. Recommendations for funding will be made at this meeting.

3. **Advisory council:** With guidance from CPR³'s Scientific Steering Committee and relevant state agencies, final award decisions will be made to reflect scientific merit, program responsiveness, and representation across UCs. The CPR³ RFP budget will be reviewed, with the goal of funding a balanced portfolio that represents diversity (e.g., in topic areas, methods, setting, populations, investigator type, etc.) and has significant potential for policy impact.

TRC composition: An RFP-specific TRC will be assembled that includes key perspectives, such as subject matter/methodological experts and key stakeholders representing public health, policy and community members. At least one CPR³ team member will participate in each TRC to provide administrative/programmatic grounding. Reviewers will be asked to complete a COI disclosure report.

Scoring: Below is an overview of the review criteria that TRC members will follow. Scores will be used to guide the review process. CPR³ will use the NIH scoring system, which utilizes a 9-point rating scale (1 = exceptional; 9 = poor).

Criterion	Description
Research	<ul style="list-style-type: none"> Does the project address an important problem or a critical barrier to progress in pandemic recovery or readiness in California? Does it have potential to enhance future interventions, investments, and policies related to pandemic recovery and readiness? Are the methods, study design and analysis appropriate? Is the context appropriate for the stage of research and award type (e.g., on the critical path for application or potential for scale for the catalyst and scale award, respectively)? Does the application challenge and seek to shift current research, practice, or other relevant paradigms? Does it seek to address the refinement, improvement, or new application of existing approaches?
Community engagement and equity	<ul style="list-style-type: none"> Does the application demonstrate community engagement across the project duration, for example, in the topic selection, planning, approach, communication and dissemination? Does the project address the potential to positively impact those disproportionately affected by the pandemic? If appropriate, does the research articulate efforts related to anti-racism and equity frameworks?
Investigative team	<ul style="list-style-type: none"> Is the proposed team well-suited to the project and its implementation? If the PI is an early-stage investigator, do they have appropriate experience, training and/or mentorship plans? If an established PI, do they have a track record of success, for example, evidence of effective partnership or collaboration, publication record? If collaborative, is there complementary and integrated expertise among the team members? Does the application demonstrate overall support from collaborators, reciprocity, and opportunities for co-learning?

Each reviewer will be asked to provide an overall impression score and summary that reflects their evaluation of the application. Other considerations will be factored in, such as appropriateness of the proposed budget and project feasibility within the award period. In this overall impression summary, reviewers will be asked to: (1) describe the overall proposal in a few sentences; (2) document general notes, special concerns, or issues for discussion; and (3) make a funding recommendation that might either reflect or contradict the overall score.

For applications that may be bolstered by collaboration with other proposals received, CPR³ may reach out to the PI and provide suggested feedback.

Contact information / FAQs

Please find a list of frequently asked questions on the CPR³ [FAQ page](#).

We encourage applicants to contact the CPR³ team at cpr3@ucsf.edu to discuss any questions.