Request for Qualifications (RFQ)

Menopause, Treatment Guidelines and Breast Cancer

California Breast Cancer Research Program Policy Initiative

Deadline to apply:
October 29, 2026

Table of Contents

Table of Contents 1
About the California Breast Cancer Research Program and the Policy Initiative 3
CBCRP Policy Initiative 3
Menopause, Treatment Guidelines and Breast Cancer 5
Available Funding 5
Background 5
Research Questions 7
Approaches and Methods 8
Budget 10
Timeline and Milestones 10
References 11
How We Evaluate Policy Initiative RFQs 12
Peer Review 12
Programmatic Review 12

Published May 2026

Application Instructions 14
Application Components 14
Detailed Description of Proposal Templates 17
Appendix A: Cost and Expense Guidelines 23
Appendix B: Other CBCRP Application Policies and Guidelines 27
Eligibility and Award Limits 27
Policy on Applications from PIs with Delinquent Grant Reports 27
Confidentiality 28
Award Decisions 28
Pre-funding Requirements 29
Publications Acknowledgement 29
Open Access Policy 29
Grant Management Procedures and Policies 29
Contact Information 30

About the California Breast Cancer Research Program and the Policy Initiative

The **California Breast Cancer Research Program (CBCRP)** was established pursuant to the 1993 Breast Cancer Act (*AB 2055 (B. Friedman) [Chapter 661, Statutes of 1993]* and *AB 478 (B. Friedman) [Chapter 660, Statutes of 1993]*). The program is responsible for administering funds for breast cancer research in California.

The mission of the California Breast Cancer Research Program is to eliminate the burden of breast cancer in California through innovation in research, communication, and community partnered initiatives focused on prevention, treatment, and survivorship.

- CBCRP is the largest state-funded breast cancer research effort in the nation and is administered by the University of California, Office of the President.
- CBCRP is funded through the tobacco tax, a voluntary tax check-off on personal income tax forms, and individual contributions.
- The tax check-off, included on the personal income tax form since 1993, has drawn over $14 million for breast cancer research.
- Ninety-five percent of our revenue goes directly to funding research and education efforts.
- CBCRP supports innovative breast cancer research and new approaches that other agencies may be reluctant to support.
- Since 1994, CBCRP has awarded over $320 million in over 1,100 grants to institutions across the state. With continued investment, CBCRP will work to find better ways to prevent, treat and cure breast cancer.

CBCRP Policy Initiative

CBCRP seeks to foster relationships between researchers, local leaders, decision makers, community groups and others to create solutions that work to prevent breast cancer and create strong, empowered, healthy communities. The Policy Initiative is intended to demonstrate how people across sectors can collaborate to prevent breast cancer and develop evidence that can be used to advocate and implement change throughout California.

The purpose of the Policy Initiative is to fund directed policy research on issues related to the prevention, detection, and treatment of breast cancer, as well as research into the formulation of policy alternatives that will reduce the incidence of and/or morbidity and mortality from breast cancer in California. The goal is to allow breast cancer-related policy changes to be grounded in science that is timely, relevant, and credible.

In this context, policy is defined as:

“a law, regulation, procedure, administrative action, incentive, or voluntary practice adopted or proposed by a local, regional, tribal, state or federal government, business, organization, or institution that will reduce the incidence of and/or the morbidity and mortality from breast cancer in California.”

Policy Initiative projects funded by CBCRP offer solutions that influence public and/or private policy. Ideally, findings are useful for changing policy at the local (schools, prisons, public departments such as parks and recreation, planning and building, public health), state, and national levels. In other cases, answers may be best used toward private policies such as those found at workplaces, private schools, hospitals or other healthcare institutions, within corporations, etc.

Applications are reviewed by a peer review committee of policy experts from outside of California and the Policy Research Advisory Group or PRAG (PRAG Membership).

Research findings should be disseminated quickly, in a manner timely to the mechanism of the relevant change process. For example, if the research proposes statutory changes, the findings should be distributed during the appropriate point in the legislative cycle. Research should be presented in lay, non-technical language in forms that are usable for a general audience and can help make the case for the changes being considered. Priority is given to generating high-quality data that can be put to use rapidly. Less emphasis is placed on publishing in peer-reviewed journals, and, in fact, some findings may not be expected to be published in such journals.

Menopause, Treatment Guidelines and Breast Cancer

This project aims to examine the evidence on menopause treatment and breast cancer, whether the current clinical guidelines reflect that evidence, whether these guidelines are being adhered to in California and if there are any disparities in awareness or treatment options being offered to different communities in California. It also aims to ascertain whether the guidelines differentiate recommendations for patients with a history of or at high risk of breast cancer, how they can be improved regarding breast cancer, and how awareness of the guidelines and adherence to them can be improved.

Available Funding

CBCRP intends to fund one project, with a maximum total direct cost budget of $150,000 and a maximum duration of 6 months. A separate total direct cost budget of $50,000 is available for a dissemination plan.

Completed responses to this RFQ are due by Thursday October 29, 2026, 12 noon PST. Application materials will be available in the SmartSimple system from September 1, 2026. The project start date is February 1, 2027.

For more information and technical assistance, please contact:

Sharima Rasanayagam, PhD
Director, CBCRP and Cancer Initiatives
sharima.rasanayagam@ucop.edu
(510) 987-9216

Background

Menopause is a natural life stage that is determined 12 months after an individual's last menstrual period. The years leading up to that point, when individuals may experience changes in their monthly cycles, hot flashes, and/or other symptoms, are called the menopausal transition or perimenopause.[1] Symptoms can range from mild to severe. For those experiencing symptoms, treatment can provide significant relief.

Hormone therapy is the most common menopausal treatment. There are several evidence-based benefits of menopausal hormone therapy (MHT), aside from relief from menopause symptoms, including protections against heart disease, osteoporosis and other conditions that affect older women. However, use of combined estrogen plus synthetic progestin (E + P) hormone replacement therapy for post-menopausal women has been found to increase the risk of developing post-menopausal breast cancer.[2] Because of this, patients with a history of or at high risk for breast cancer are advised to avoid MHT.[3] A 2025 paper looked at hormone therapy use in women under 55 and found that the use of Estrogen only hormone therapy was linked to a lower risk of young-onset breast cancer while combined E + P hormone therapy was linked to a higher risk of young-onset breast cancer in women

with an intact uterus and ovaries. The authors noted that the findings underscore the need for personalized medical advice when considering hormone therapy.[4]

The American College of Obstetricians and Gynecologists has released several clinical guidelines on managing menopause symptoms.[5] The Menopause Society also provides resources for healthcare professionals.[6] One of the most notable guidelines is that MHT should be prescribed in the lowest possible dose and for the shortest possible period to reduce the risk of breast cancer and other negative outcomes. However, there has been a lack of consensus among health care professionals on the use of hormonal treatments,[7] showing the importance of developing guidelines for practitioners to use when prescribing hormone therapy to menopausal patients especially those with a history of or high risk of breast cancer.

Recent discussion has centered on whether providers are denying women access to hormonal treatments because of misinterpretation of earlier studies of menopausal hormonal therapy and post-menopausal health. There have also been reports of mismatches between patients' desires for treatment, physician recommendations and clinical guidelines.[8,9] In addition, non-hormonal medications are now on the market for the treatment of some menopausal symptoms.

Many studies have investigated alternatives to hormone therapy and their effectiveness in mitigating menopause symptoms.[10,11] There are a number of consumer-facing websites that list possible options including non-hormonal options such as www.mymenoplan.org. Increasing public and health professionals' knowledge of alternative options to managing menopause symptoms could help to avoid unnecessary use of hormone therapy for those with a history of or high risk of breast cancer.

Providing specific guidance on the best ways to manage menopausal symptoms, whether with or without hormone therapy, would be helpful. This allows healthcare providers to better understand how to treat menopausal patients seeking relief.

California Assembly Bill (AB) 432 (Bauer-Kahan)[12] was introduced in the 2025-26 session. As introduced, it would have required:

- continuing medical education for physicians in perimenopause or menopause if the physicians have a patient population composed of 25% or more women; and
- coverage for evaluation and treatment options for perimenopause and menopause without utilization management, per medical necessity, as determined by the treating clinician.
- plans and policies to annually provide current clinical care recommendations for hormone therapy from the Menopause Society or other nationally recognized professional associations to all contracted primary care clinicians who treat

enrollees with perimenopause and menopause, with encouragement for the provider to review the recommendations.

As part of its analysis of the Bill[13], the California Health Benefits Review Program (CHBRP) points out that menopausal hormone therapy is inadvisable in patients with significant risk factors including high risk or history of breast cancer or other estrogen-dependent cancers and that therefore, alternate medications such as fezolinetant, ospemifene, and prasterone may be appropriate for these patients.

CHBRP reviewed the literature for medications that are not fully covered by insurance at baseline and/or have utilization management. CHBRP found that high-dose vaginal estrogen and fezolinetant are effective treatments for vasomotor symptoms and that ospemifene, vaginal DHEA, and low-dose estrogen are effective treatments for genitourinary syndrome of menopause. CHBRP also found that systemic testosterone therapy (oral and non-oral) can improve symptoms of hypoactive sexual desire disorder. Of the drugs that prevent and treat osteoporosis, CHBRP found that bisphosphonates are effective as first-line treatment and that monoclonal antibodies and synthetic parathyroid hormone are effective as second-line treatments.

Although many women already receive treatment for menopause symptoms at baseline, CHBRP projects that the bill would result in an additional ~22,274 women who may receive new prescriptions for menopause symptoms in the first year post-mandate and that this increase in utilization would improve quality of life for these women.

In October 2025, Gov. Newsom vetoed AB 432, citing concerns about the scope and cost of the bill. In his veto message, Gov. Newsom instructed the CA Health and Human Services Agency "to identify additional policy changes or investments to address perimenopause and menopause evaluation and treatment for consideration as part of next year's budget process." Activities are underway to include provisions of the vetoed AB 432 in the current budget bill language. It is unclear what the final outcome will be.

Research Questions

The goal of this RFQ is to ascertain: the evidence on menopause treatment and breast cancer, whether the current clinical guidelines reflect that evidence, whether these guidelines are being adhered to in California and if there are any disparities in awareness or treatment options being offered to different communities in California. It also aims to ascertain whether the guidelines distinguish recommendations based on patients' history or risk of breast cancer; how they can be improved regarding breast cancer; and how awareness of the guidelines and adherence to them can be improved.

Questions this RFQ seeks to answer are:

- What is the latest evidence on menopause treatment and breast cancer – especially the impact of different types of treatments. Is there evidence on the

magnitude of effects of these treatments on breast cancer risk and variations between populations.

- Do the current clinical guidelines on managing menopausal symptoms reflect the latest evidence on menopause treatment and breast cancer?
- Are these guidelines consistent between different authoritative medical bodies?
- Do they distinguish recommendations for patients with a history of or at high risk for breast cancer and those with lower risks? Do they distinguish between patients with a history of different breast cancer subtypes?
- Do they consider alternatives to hormone therapy for symptom relief?
- How can these guidelines be improved, especially regarding breast cancer?
- Are clinicians aware of the latest evidence, guidelines and impact on those at higher risk for breast cancer as well as people with breast cancer?
- Are clinicians in California adhering to these guidelines? What are the barriers, if any, for clinicians to follow existing guidelines?
- What would be the likely impact of enacted or proposed regulatory or budgetary changes to coverage requirements, guidelines around CME requirements or awareness campaigns (such as those under consideration for replacing AB 432) on awareness of these guidelines and adherence to them? What would be the most effective strategies to improve awareness and adherence?
- Are there disparities in awareness and treatment options offered to different communities in California? How could these disparities be mitigated?
- Are patients' preferences on treatment being taken into account by clinicians; If not, how can this be improved?
- Are there lessons that can be learned from activities in other States?

Approaches and Methods

Any individual or organization located in California can submit an application (See Eligibility and Award Limits for more information). Successful teams will have established connections to impacted communities by either being part of a Community Based Organization or partnering with one.

The project plan is anticipated to include:

- A review of the current evidence on menopause treatment and breast cancer – especially the impact of different treatment types and variations between populations.
- A review of the current guidelines from authoritative bodies and whether they are being adhered to in California is expected along with an analysis of how they consider breast cancer risk and the latest evidence on menopause treatment and breast cancer.
- Interviews or surveys of diverse California stakeholders including patients, clinicians, public health professionals (including patient navigators), policymakers (including the CA Health and Human Services Agency), researchers, breast cancer

advocates, community representatives and others on how these guidelines and their communication can be improved especially regarding breast cancer.
- Analysis of any disparities in awareness of and treatment options offered to different California communities and how those could be mitigated.
- Analysis of the concurrence between patients' treatment preferences and the treatments they are offered and/or receiving, and any disparities identified between California communities.
- An analysis of the likely impact of changes to coverage requirements, guidelines around CME requirements or awareness campaigns on guideline adherence among clinicians and public health professionals.
- A review of activities in this area in other States and lessons that could be learned for California.

Community Engagement

Partnership with an Advocacy and/or Community Organization that can engage appropriate stakeholders and partner in policy and regulatory development and implementation is a requirement for this award. This may be accomplished by having the Community Organization serve as the applicant organization or as a Co-Investigator. The application may also involve additional breast cancer advocates or other community advocates/organizations and the team may benefit from the inclusion of policy professionals. The community organization should be involved in the development of the project, goals, aims, and research questions and should drive the identification and definition of community needs and health equity imperatives. Community members and advocates should be compensated as experts.

Dissemination and Public Engagement Plan

At the end of the project, there is the opportunity for further funding of $50,000 to fund a Dissemination and Public Engagement Plan. Along with their initial application, applicants should present a complementary draft Dissemination and Public Engagement Plan within the context of the topic area. This should identify potential stakeholders, roles and possible activities including but not limited to presentations, press releases, or hearings before key stakeholders/decision-makers, web-based strategies and content, and other project- and topic-specific materials. Applicants should tailor the Dissemination and Public Engagement Plan to the appropriate strategies for the various stakeholder groups, including historically disadvantaged communities, to ensure the most effective, productive, and positive engagement. A separate non-binding, non-guaranteed draft budget (direct costs of $50,000) and budget justification should be prepared for the proposed Dissemination and Public Engagement Plan.

At the end of the six-month project, successful applicants may submit a final detailed Dissemination and Public Engagement Plan with specific stakeholders, activities and final budget for approval with their final report.

Budget

CBCRP intends to fund one project, with a maximum total direct cost budget of $150,000 and duration of 6 months. A separate, non-binding draft Dissemination and Public Engagement budget with total direct costs of up to $50,000 is also required.

Indirect (F&A) costs are paid at the appropriate federally approved F&A rate for all institutions except for University of California campuses, which receive a maximum of 40% F&A (25% for off-campus projects). A de minimis rate of 25% is available for organizations without a federally approved F&A rate.

Timeline and Milestones

The deadline for completion of this project is 6 months from the award start date. Below is a proposed timeline:

- Scoping and initial assessment (month 1)
- In-depth review of evidence (month 2)
- Gathering of data (interviews, literature review) (months 3-4)
- Identification and outline of findings (month 5)
- Preparation of updated Dissemination and Public Engagement Plan to submit with the final report to CBCRP (month 6)

To be eligible to apply for dissemination funds, the final report and detailed dissemination plan proposal and budget must be submitted to CBCRP by the end date of the project.

References

[1] National Institute on Aging - What Is Menopause? | National Institute on Aging (nih.gov)

[2] Paths to Prevention: The California Breast Cancer Primary Prevention Plan, September 2020. Available at: California Breast Cancer Plan: Paths to Prevention - Breast Cancer Prevention Partners (BCPP)

[3] https://mymenoplan.org/hormone-therapy/#risks-hormone

[4] O'Brien KM., et al. 2025. Hormone therapy use and young-onset breast cancer: a pooled analysis of prospective cohorts included in the Premenopausal Breast Cancer Collaborative Group. Lancet Oncol 26: 911–23.

[5] ACOG Releases Clinical Guidelines on Management of Menopausal Symptoms https://www.aafp.org/afp/2014/0901/p338.html

[6] https://menopause.org/professional-resources

[7] Palacios S, Stevenson JC, Schaudig K, Lukasiewicz M, Graziottin A. Hormone therapy for first-line management of menopausal symptoms: Practical recommendations. Womens Health (Lond). 2019 Jan-Dec;15:1745506519864009. doi: 10.1177/1745506519864009. PMID: 31378196; PMCID: PMC6683316.

[8] https://www.washingtonpost.com/opinions/2024/05/14/hormone-therapy-menopause-is-it-safe/

[9] California Health Benefits Review Program (CHBRP). 2025. Key Findings of Analysis of California Assembly Bill 432 Menopause. Berkeley, CA

[10] Johnson A, Roberts L, Elkins G. Complementary and Alternative Medicine for Menopause. J Evid Based Integr Med. 2019 Jan-Dec;24:2515690X19829380. doi: 10.1177/2515690X19829380. PMID: 30868921; PMCID: PMC6419242.

[11] Nikjou R, Kazemzadeh R, Asadzadeh F, Fathi R, Mostafazadeh F. The Effect of Lavender Aromatherapy on the Symptoms of Menopause. J Natl Med Assoc. 2018 Jun;110(3):265-269. doi: 10.1016/j.jnma.2017.06.010. Epub 2017 Aug 18. PMID: 29778129.

[12] https://legiscan.com/CA/bill/AB432/2025

[13] California Health Benefits Review Program (CHBRP). 2025 Analysis of California Assembly Bill 432 Menopause. Berkeley, CA.

How We Evaluate Policy Initiative RFQs

CBCRP uses a two-tier evaluation process: peer review and programmatic review. It is a combination of (i) the peer review rating, (ii) the programmatic rating, and (iii) available funding that determines a decision to recommend funding.

Peer Review

All applications are evaluated by a peer-review committee of individuals from outside of California. The committee is composed of scientists from relevant disciplines and breast cancer advocates and other community representatives.

- **Approach.** Reviewers assess the quality, organization, and presentation of the research plan, including methods and analysis plan. Will the research planned answer the research questions? Are the design, methods and analyses well-developed, integrated and appropriate to the aims and stated milestones of the project? Does the application demonstrate an understanding of the research question and aims?
- **Feasibility.** The extent to which the aims are realistic for the scope and duration of the project; adequacy of investigator's expertise and experience, institutional resources; and availability of additional expertise and integration of multiple disciplines. Does the investigator (and do co-investigators) have demonstrated expertise and experience working in the topic area? Can the project be completed as proposed given the available funding, time frame and the staff knowledge, skills, experience, and institutional resources?
- **Potential for Policy Implementation:** Does the proposed team have the expertise and experience in developing policy interventions and shepherding them to adoption and implementation? Does the Community/Advocacy Organization have the capacity to engage the relevant stakeholders? Is the proposed dissemination and public engagement plan designed to facilitate adoption and implementation of changes in policy?

Programmatic Review

This review is conducted by the Policy Research Advisory Group (PRAG) of the California Breast Cancer Research Council and involves assessing and scoring applications with sufficient scores from the peer review process based on the criteria listed below. The individuals on the PRAG performing this review include advocates, clinicians, and scientists from a variety of relevant disciplines. In performing the Programmatic Review, the PRAG evaluates **only a portion of the application materials** (exact forms are underlined). Pay careful attention to the instructions for each form. The Programmatic criteria include:

Published May 2026

- **Responsiveness.** How responsive are the project and co-PIs to the stated intent of the Policy Initiative? Compare the PI's statements on the Program Responsiveness form and the content of the Lay and Scientific Abstracts to the topic area.
- **Quality of the Lay Abstract.** Does the Lay Abstract clearly explain in non-technical terms the research background, questions, hypotheses, and goals of the project? Is the relevance to the policy initiative understandable?
- **Addressing the needs of the underserved.** Do the statements in the Community Engagement form demonstrate a plan for the research team to include community members representing groups that are underrepresented in breast cancer research? Do the project and the PIs' statements on the Program Responsiveness form demonstrate how this research will address the needs of and affect systems change for communities that bear a disproportionally high burden of breast cancer or have disproportionate exposures or conditions linked to breast cancer.
- **Community Involvement.** Does the Community Engagement form demonstrate that the community advocate(s) and organization(s) are clearly driving the proposed research project? How well has the team described the strengths/nature of the proposed community partnership and how is it reflected in leadership and involvement in all phases of the project (e.g. inception and application through to dissemination)?
- **Dissemination and Implementation Potential.** The degree to which the applicant's statements in the Dissemination and Public Engagement Plan on the Community Engagement form provides a convincing argument that the proposed research has the potential to inform public policy on breast cancer particularly for communities that bear a disproportionately high burden of breast cancer or have disproportionate exposures or conditions linked to breast cancer.

Application Instructions

Application materials will be available through RGPO's SmartSimple application and grant management system beginning on September 1, 2026. Please review the SmartSimple Application Instructions for the technical instructions for accessing and completing your application. This supplemental programmatic instruction document provides guidance for the content of your application.

All application materials are required to be uploaded in formats accessible to individuals with disabilities, including those using assistive technologies. Applicants are required to prepare and review their application materials for accessibility, and ensure all submitted application materials comply with document-relevant Web Content Accessibility Guidelines (WCAG) 2.1 Level AA standards. Please contact your institution for information and resources on digital accessibility tools, or refer to the UCOP Electronic Accessibility website for tips and links to useful accessibility resources.

Application Components

Section 1: Title Page

- **Project Title:** Enter a title that describes the project in lay-friendly language. (Max 100 characters).
- **Project Duration:** Selected duration should be 1 year.
- **Proposed Project Start Date:** The project start date will be autofilled with the funded project start date of February 1, 2027.
- **Proposed Project End Date:** Enter a project end date of July 31, 2027 for the 6-month award.

Section 2: Applicant/PI

A required field entitled "ORCID ID" is editable on the Profile page. ORCID provides a persistent digital identifier that distinguishes you from every other researcher and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between you and your professional activities ensuring that your work is recognized. If you have not already obtained an ORCID ID number, you may do so at http://orcid.org/ Once you have done so, please enter your 16-digit identifier in the space provided on your profile page in the following format: xxxx-xxxx-xxxx-xxxx.

Section 3: Project Information

Please use the following guidelines to differentiate between Lay and Scientific Abstracts:

Lay Abstract (Max 2400 characters)**:** This item is evaluated mainly in the programmatic review. The Lay Abstract must include the following sections:

- A non-technical introduction to the research topics
- The **question(s) or central hypotheses** of the research in lay terms

- The general methodology in lay terms
- Innovative elements and potential impact of the project in lay terms

The abstract should be written using a style and language comprehensible to the general public. Avoid the use of acronyms and technical terms. The scientific level should be comparable to either a local newspaper or magazine article. Avoid the use of technical terms and jargon not a part of general usage. Place much less emphasis on the technical aspects of the background, approach, and methodology. Ask your advocate partner to read this abstract and provide feedback.

Scientific Abstract (Max 2400 characters)**:** This item is evaluated mainly in the peer review. The Scientific Abstract should include:

- A short introductory paragraph indicating the **background** and overall topic(s) addressed by the research project
- The central hypothesis or questions to be addressed in the project
- A listing of the **objectives or specific aims** in the research plan
- The major research **methods and approaches** used to address the specific aims
- A brief statement of the **impact** that the project will have on breast cancer

Provide the critical information that will integrate the research topic, its relevance to breast cancer, the specific aims, the methodology, and the direction of the research in a manner that will allow a scientist to extract the maximum level of information. Make the abstract understandable without a need to reference the detailed research plan.

Additional information: Applicants must respond to the following categories and discussion points using the online fields provided:

- **Specific Aims** (Max 2400 characters/approx. 350 words). List the proposed aims of the project.
- **CBCRP Research Priorities.** Select "Community Impact of Breast Cancer" as the CBCRP priority issue that the research addresses.
- **CSO Research Type(s) and Sub-Type(s).** Select "6.0 Cancer Control, Survivorship, and Outcomes Research" as the CSO Type and "6.4 Health Services, Economic and Health Policy Analyses" as the Sub-Type that best represent your project.
- **Subject Area(s).** See SmartSimple submission instructions for more details.
- **Focus Areas(s).** See SmartSimple submission instructions for more details.
- **Research Demographics.** See SmartSimple submission instructions for more details.
- **Milestones.** Add significant milestones that are described in your research plan to this table along with anticipated completion dates and arrange them in chronological order.

Section 4: Project Contacts

Project Personnel. Provide contact information and effort for Key Personnel and Other Significant Contributors on your project including the Applicant Principal Investigator, Co-Investigator, Advocate, Trainee, Collaborator, Consultant, and support personnel, as necessary. Upload biosketches to each of your Key Personnel members in this section, as shown in the SmartSimple instructions. A 5% minimum effort (0.6 months per year) is required for the Applicant PI.

Section 5: Budget

This section contains several sub-tabs: Institution Contacts, Budget Summary, Budget Details, and Subcontract Budget Details. Complete the information in the Institutional Contacts, Budget Summary, Budget Detail and, if applicable, Subcontract Budget Details tab as described in the SmartSimple Application Instructions.

The maximum duration is 6 months, and the total direct costs budget cap is $150,000.

Note: The amount of a subcontracted partner's F&A costs can be added to the direct costs cap. Thus, the direct costs portion of the grant to the recipient institution may exceed the award type cap by the amount of the F&A costs to the subcontracted partner's institution.

Additional budget guidelines:

- **Equipment** purchases are not allowed.
- **Other Project Expenses:** Include other project costs such as supplies or **Advocate(s) Expenses** (any travel, meeting, and consultation costs/fees associated with advocates) here.
- **Indirect (F&A) Costs**. Non-UC institutions are entitled to full F&A of the Modified Total Direct Cost base (MTDC); UC institutional F&A is capped at 40% MTDC*, or 25% MTDC for off-campus investigators (not retroactive to prior grants). A de minimis rate of 25% is available for organizations without a federally approved F&A rate.

*Allowable expenditures in the MTDC base calculation include salaries, fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Equipment, capital expenditures, charges for patient care and tuition remission, rental costs, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of $25,000 shall be excluded from the modified total direct cost base calculation

Additional budget guidelines can be found in Appendix A below.

Section 6: Assurances

Enter assurance information. If available, enter your institutional Federal Wide Assurance (FWA) code or equivalent for Human Subjects, an IACUC Animal Welfare Assurance code

for Vertebrate Animals, and equivalent for Biohazard and DEA Controlled Substance approvals.

Section 7: Documentation

Complete and upload all required items. All uploads must be in PDF format. Listed below are the forms and templates you download from SmartSimple, enter text, convert to PDF, and, unless instructed otherwise, re-upload to your application in this section.

Note: *Please ensure that your uploaded PDFs are not password protected and fully adhere to the page limitations and other template instructions. All submitted application materials must be accessible to individuals with disabilities, including those using assistive technologies, and comply with document-relevant Web Content Accessibility Guidelines (WCAG) 2.1 Level AA standards.*

Upload Item (Template/Form)	Page limit	Required or optional	Peer Review?	Programmatic Review?
Research Plan	7	Required	Yes	No
Program Responsiveness	2	Required	Yes	Yes
Community Engagement	2	Required	Yes	Yes
Biosketches (All Personnel listed on Key Personnel form)	5 (each biosketch)	Required (upload to Project Personnel section)	Yes	Yes (PI only)
Facilities	1 per institution	Required	Yes	No
Human Subjects	No Limit	Required	Yes	No
Appendix list and uploads	30	Required	Yes	No

Detailed Description of Proposal Templates

Research Plan (required)

This section is the **most important** for the peer review. Note carefully the page limits, format requirements, and suggested format. **Limit the text to seven pages.** References are not included in the page limit.

Format issues: Begin this section of the application using the download template. Subsequent pages of the Research Plan and References should include the principal investigator's name (last, first, middle initial) placed in the upper right corner of each continuation page.

The Research Plan and all continuation pages must conform to the following four format requirements:

1. The height of the letters must not be smaller than 11 point; Times New Roman or Arial are the suggested fonts.
2. Type density, including characters and spaces, must be no more than 15 characters per inch (cpi).
3. No more than 6 lines of type within a vertical inch;
4. Page margins, in all directions, must be 0.75 inches.

Use the appendix to supplement information in the Research Plan, not as a way to circumvent the page limit.

We ask that applicants describe the proposed research project in sufficient detail for reviewers to evaluate its scientific merit and collaboration elements, as described below. If you don't use all the pages to describe your research plan, it might be best to review what you have written and explain in more detail anything not fully explained. **However, note that a concise, focused research plan of less than the maximum number of pages is preferable to one less concise and made longer by overly elaborate or unimportant details.**

Supporting materials (such as questionnaires, consent forms, interview questions, letters of collaboration) that are directly relevant to the proposal may be included in the Appendix. **The research plan must be self-contained and understandable without having to refer extensively to supporting materials.**

Suggested outline:

Statement of Goals, Research Questions, and Specific Aims: In a short paragraph, describe goals for the research project. Follow with the Specific Aims—the specific tasks that will be undertaken to address the research question(s). The relationship of the project to the specific Policy Initiative Topic Area and expectations outlined within the RFQ should be clear.

Background and Significance: Make a case for your project in the context of the current body of relevant knowledge and the potential contribution of the research.

Preliminary Results: Describe the recent work relevant to the proposed project. Emphasize work by the PI and data specific to breast cancer.

Research Methodology: Research Design, Conceptual Framework, and Data Analysis. Describe in detail the exact tasks listed in the Statement of Goals, Research Questions, and Specific Aims. Provide a detailed description of the work you will do during the Award period, exactly how it will be done, and by whom. For instance, if women are to be surveyed, explain how many women will be surveyed; why you chose this number; how the women will be identified and recruited; why you believe you will be able to reach and recruit this many women; what questions you will ask them; whether you will use face-to-face or telephone interviews, or written surveys and why you will use the method chosen;

and, how the data will be collected and analyzed. Be as detailed as possible. Provide this information for each specific task cited in the first section. Discuss potential pitfalls and how you will overcome them should they arise, or alternative methods that you will use if the intended methods are not fruitful. Provide a realistic timeline. Be sure to include a hypothesis and conceptual framework.

Program Responsiveness (required)
This item is evaluated in the peer review and programmatic review. **Limit the text to two pages**. The PRAG (who conducts the programmatic review) will NOT see your Research Plan. The information on this template allows the PRAG to rate the application for adherence to the objectives of the policy research area as outlined in the specific RFQ.

Policy Initiative Focus (Responsiveness): Provide a clear, brief summary for the PRAG (1 or 2 paragraphs) of how your proposed research addresses the specific policy topic area.

Dissemination and Translation Potential: Describe the potential for how the research findings will be translated into policy and/or other practice.

Community Engagement (required)
This Collaborative Agreement form is reviewed in the peer review and the programmatic review. Applicants should remember that a fully collaborative and power-sharing partnership is a key aspect of this application. **Limit the text to two pages.**

Avoid general references to the requirements of the RFQ. Highlight the strengths/nature of the proposed community partnerships as reflected in the leadership and involvement in all areas. Describe how the team has engaged with the larger community to get their input in the application development process.

The collaborative agreement should include the following elements:

- **Ownership of Data**: Describe what decision you made about who will own the data and intellectual property rights and why you came to that decision (i.e. what factors you considered, what was important to you in making this decision). If you decide that the data will be owned by only one of the collaborators, please consider that the need to continue to work together will likely extend well beyond the grant period. Will the partner who owns the data be willing to volunteer his/her time well after the grant period to provide access to the data for the other partner? Be sure to discuss ownership of identified and de-identified data, including arrangements both partners have agreed to ensure access to that data by the other partner (including beyond the study period).
- **Handling Disagreements:** Describe what decision you made about the procedures you will go through to handle disagreements during the course of the study and afterwards. Past teams have had to resolve issues around data ownership, conduct of the research, dissemination of data and publications, administrative and budget

issues, etc. Describe why you believe your decision on handling disagreements will work for you.

- **Plans for Broader Community Involvement:** Describe how individual community members not on the research team will be involved in the planning, conducting, and dissemination of research.
- **Plan for Dissemination and Public Engagement:** Dissemination of findings to the lay, scientific, and public policy communities is an important part of this research award. Applicants should tailor the draft Dissemination and Public Engagement Plan to the appropriate strategies for the various stakeholder groups, including communities that bear a disproportionately high burden of breast cancer or have disproportionate exposures or conditions linked to breast cancer, to ensure the most effective, productive, and positive engagement. A separate non-binding, non-guaranteed draft budget (direct costs of $50,000) and budget justification should be prepared for the proposed Dissemination and Public Engagement Plan and included in the "Appendix List and Uploads". A final detailed Plan with specific stakeholders, activities and budget should be submitted for approval with the report at the end of the six-month project.

In the appendix CBO applicants should include a statement from their governing body (Board of Directors for a nonprofit organization or the individuals responsible for organizing an informal organization) that approves the application. Non-CBO applicants should include verification of community partner collaborative agreements: a statement from the community partner governing body that they have reviewed and approved these agreements.

Biographical Sketch (required)
This item is evaluated in the peer review and the programmatic review. Use the NIH form (version 2015 or later) for each key person and attach it in the Project Personnel section. Limit the length of each biosketch to *no more than* five (5) pages.

Facilities (required)
This item is evaluated in the peer review. **Limit the text to one page per institution**. Follow the instructions on the template.

Human Subjects (required)
This item is evaluated in the peer review. This form is required to be completed for applications that use Human Subjects, including those in the "Exempt" category. Applications that do not utilize Human Subjects should state "N/A" on the form and upload, as well. Use additional pages, if necessary.

For applications requesting "Exemption" from regular Institutional Review Board (IRB) review and approval: Provide sufficient information in response to item #1 below to confirm there has been a determination that the designated exemptions are appropriate.

The final approval of exemption from DHHS regulations must be made by an approved IRB. Documentation must be provided before an award is made. Research designated exempt is discussed in the NIH PHS Grant Application #398 http://grants2.nih.gov/grants/peer/tree_glossary.pdf. Most research projects funded by the CBCRP fall into Exemption category #4. Although a grant application is exempt from these regulations, it must, nevertheless, *indicate the parameters of the subject population* as requested on the form.

For applications needing full IRB approval: If you have answered **"YES"** on the Organization Assurances section of the application and designated no exemptions from the regulations, the following **seven points** must be addressed. In addition, when research involving human subjects will take place at collaborating site(s) or other performance site(s), provide this information before discussing the seven points. Although no specific page limitation applies to this section, be succinct.

1. Provide a detailed description of the proposed involvement of human subjects in the project.
2. Describe the characteristics of the subject population, including its anticipated number, age range, and health status. It is the policy of the State of California, the University of California, and the CBCRP that research involving human subjects must include members of underserved groups in study populations. Applicants must describe how minorities will be included and define the criteria for inclusion or exclusion of any sub-population. If this requirement is not satisfied, the rationale must be clearly explained and justified. Also explain the rationale for the involvement of special classes of subjects, if any, such as fetuses, pregnant women, children, prisoners, other institutionalized individuals, or others who are likely to be vulnerable. Applications without such documentation are ineligible for funding and will not be evaluated.
3. Identify the sources of research material obtained from individually identifiable living human subjects in the form of specimens, records, or data. Indicate whether the material or data will be obtained specifically for research purposes or whether use will be made of existing specimens, records or data.
4. Describe the plans for recruiting subjects and the consent procedures to be followed, including: the circumstances under which consent will be sought and obtained, who will seek it; the nature of the information to be provided to the prospective subjects; and the method of documenting consent.
5. Describe any potential risks —physical, psychological, social, legal, or other. Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects.
6. Describe the procedures for protecting against, or minimizing, any potential risks (including risks to confidentiality), and assess their likely effectiveness. Where appropriate, discuss provisions for ensuring necessary medical or professional

intervention in the event of adverse effects on the subjects. Also, where appropriate, describe the provision for monitoring the data collected to ensure the safety of subjects.

7. Discuss why the risks are reasonable in relation to the anticipated benefits to subjects, and in relation to the importance of knowledge that may be reasonably expected to result.

Documentation of Assurances for Human Subjects

In the Assurances tab, if available at the time of submission, include official documentation of the approval by the IRB, showing the title of this application, the principal investigator's name, and the approval date. Do not include supporting protocols. Approvals that are obtained under a different title, investigator or organization are *not* acceptable, unless they cross-reference the proposed project. Even if there is no applicant institution (i.e., an individual PI is the responsible applicant) and there is no institutional performance site, an USPHS-approved IRB must provide the assurance. If review is pending, final assurance should be forwarded to the CBCRP as soon as possible. Funds will not be released until all assurances are received by the CBCRP. If the research organization(s) where the work with human subjects will take place is different than the applicant organization, then approvals from the boards of each will be required.

Data and Safety Monitoring Boards (DSMB)

Applications that include Phase I-III clinical trials may be required to provide a data and safety monitoring board (DSMB) as described in the NICI policy release, http://grants.nih.gov/grants/guide/notice-files/not98-084.html. This ensures patient safety, confidentiality, and guidelines for continuing or canceling a clinical trial based on data collected in the course of the studies. The CBCRP may require documentation that a DSMB is in place or planned prior to the onset of the trial.

Appendix (Dissemination Plan Budget required)

Follow the instructions and items list on the template including uploading the Dissemination and Public Engagement Plan Budget and Budget Justification. **The appendix may not be more than 30 pages in length.**

Note that the *research plan must be self-contained* and understandable without having to refer to the appendix. Only those materials necessary to facilitate the evaluation of the research plan or renewal report may be included; the appendix is not to be used to circumvent page limitations of the application.

Appendix A: Cost and Expense Guidelines

For all budget categories, clearly label/itemize all costs associated with research dissemination activities in the budget justification.

1) Personnel

- The Budget Summary line item for Personnel should reflect the total cost of all individuals identified as supported by the grant and their level of effort. In the personnel section of the application, be sure to name all individuals to be supported by the grant AND provide their percent effort (months devoted to the project). All paid individuals must also be listed on the budget.
- Follow the NIH Guidelines and Calculation scheme for determining Months Devoted to Project, available at the links below:
    - NIH Guidelines:
    - http://grants.nih.gov/grants/policy/person_months_faqs.htm
    - NIH Calculation Scheme: http://grants.nih.gov/grants/policy/person_months_conversion_chart.xls
- Provide a justification for all budgeted personnel, identifying each individual by name, role on the project, and proposed effort. When computing salary for key personnel, use only the base salary at the applicant organization, excluding any supplementary income (e.g., clinical or consulting incomes). The Program does not enforce a salary cap, as long as the overall budget adheres to the costs & expenses guidelines and the amount requested stays within the allowable costs.

2) Student Tuition Fees, Graduate Student Stipends

- For non-fellowship awards: Graduate students may be paid as personnel and may also receive tuition remission. Tuition remission, however, will be considered compensation. The total compensation (salary plus fringe benefits plus tuition listed in this category) may not exceed $30,000 per project year (total for all students). A maximum of $10,000 per year is allowed for the combined costs of tuition/enrollment fee remission, fringe benefits, and health insurance. Stipend may be budgeted as salary (and included in the MTDC cost calculation) if the institution pays these expenses through a personnel line item. Not allowed for the CBCRP Policy Initiative

3) Other Project Expenses

- Include expected costs for supplies and other research expenses not itemized elsewhere. Please break out and provide detailed cost. Please pay special attention

to expenses that include or exclude associated indirect costs by selecting from options in the drop-down menus in the “Included in IDC” and “Not-Included in IDC” sub-categories. Cost should be broken out by year, include overall cost by category, an itemized sub-category list, and description of costs.

- Pooled expenses (e.g. insurance surcharges such as GAEL, system wide networking surcharges, and other pooled training and facilities expenses) may be allowed as a direct cost at the discretion of the Program with certification of the following: 1) the project will be directly supported by the pooled expenses, 2) the pooled expenses have been specifically excluded from the indirect cost rate negotiation, and 3) the pooled expenses have been allocated consistently over time within the organization. Please explain any requested pooled expense requests in the budget justification.

- Advocate (s) Expenses. Include any travel, meeting, and consultation costs/fees associated with advocate engagement.

4) Equipment (Unit Cost over $5,000)

- Each requested equipment item must be >$5,000 and explain in budget justification. A quote may be requested during the pre-funding period prior to the issuance of an award. Not allowed for the CBCRP Policy Initiative.

5) Travel

Please provide itemized details as to the number of travelers and mode of travel for each travel category relevant to your project.

- **Travel – CBCRP Meeting:** CBCRP may organize an event requiring your travel within the funded grant period. All applicants should budget a one-time minimum expense of $400 under year 1 in the travel budget line labeled: "Travel - CBCRP Meeting".

- **Travel - Project Related:** Project-related travel expenses are allowable only for travel directly related to the execution of the proposed research activities. Label such expenses as “Travel – Project Related.” These expenses must be fully justified in the budget justification. Please break out and provide detailed cost.

- **Travel - Scientific Meetings:** Scientific conference travel is limited to $2,000 per year (excluding a mandatory allocation of $400 in one year of the project for travel to the CBCRP Conference under Travel - CBCRP Meeting). Label such expenses as “Travel-Scientific Meetings” and explain in budget justification. Please break out and provide detailed cost.

6) Service Contracts and Consultants

- Both categories require additional description (Budget Justification). Provide hours/rate for consultant effort on the project if applicable.

7) Subcontracts

- In the case of University of California applicants, subcontracts need to be categorized and broken out as one of two types, University of California-to-University of California (UC to UC) sub agreements or transfers; or, Other. A subcontract is not allowed to have another subcontract. Requires additional description (Budget Justification).

8) INDIRECT (F&A) COSTS

- **Indirect cost policy:** Non-UC institutions are entitled to full F&A of the Modified Total Direct Cost base (MTDC); UC institutional F&A is capped at 40% MTDC (25% for off-campus projects). For institutions that do not have a federally-negotiated rate, a de minimus rate of 25% may be requested.

- **Modified Total Direct Costs (MTDC)** include salaries and wages, fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract) to an outside institution. MTDC does not include (indirect costs are not allowed on): capital expenditures, charges for patient care, scholarships and fellowships (including postdoctoral stipends), tuition remission and graduate student stipends, participant support costs, rental costs of space, equipment purchases more than $5,000 per item, the portion of each sub grant and subcontract in excess of the first $25,000, and the total cost of any subcontract from one UC to another UC campus. On a non-fellowship award, you may apply indirect costs to graduate student salary (under salary only, not as stipend) but not to tuition & fees.

- For all eligible projects that allow grantees to recover the full amount of their federally negotiated indirect cost rate agreement, grantees must also accept the full federally recognized F&A rate for all award subcontractors (except for subcontracts to UC institutions, where F&A is capped by the statewide rate agreement as described in the RFP). If a grantee or subcontractor does not have a federally negotiated F&A rate at the time of the proposal submission, the grantee and/or subcontractor may estimate what the federally negotiated rate will be at the time of award and include this rate in the proposed budget, or may request a “De Minimis” F&A rate of 25% MTDC. A higher indirect rate that has been accepted for state or local government contract or other California grantmaker contract may be approved at the discretion of the Program Director and the Research Grants Program Office Executive Director.

- **INDIRECT COSTS ON SUBCONTRACTS**
  - The award recipient institution will pay indirect costs to the subcontractor.
  - For non-UC subcontracted partners, CBCRP will allow full F&A of the Modified Total Direct Cost (MTDC), as defined above.
  - F&A costs are not allowed for one UC institution's management of a subcontract to another UC institution.
  - The amount of the subcontracted partner's F&A costs can be added to the direct costs cap of any award type. Thus, the direct costs portion of the grant to the recipient institution may exceed the award type cap by the amount of the F&A costs to the subcontracted partner's institution.

Appendix B: Other CBCRP Application Policies and Guidelines

Eligibility and Award Limits

1. **Any individual or organization in California may submit an application**. The research must be conducted primarily in California. We welcome investigators from community organizations, public or privately-owned corporations and other businesses, volunteer health organizations, health maintenance organizations, hospitals, laboratories, research institutions, colleges, and universities. **Applicants at California-based Nonprofit Institutions**: CBCRP will accept applicants from PIs at non-profit organizations or institutions, provided that the organization can manage the grant and demonstrate financial health. The organization must also meet our liability insurance requirements. If the application is recommended for funding, the University will collect additional information, such as tax ID numbers and financial reports, to review the organization during the pre-funding process to ensure all financial management and project management eligibility criteria can be met.

2. **We encourage researchers new to breast cancer to apply.** Applicants who have limited experience in breast cancer research should collaborate with established breast cancer researchers.

3. **Multiple applications and grant limits for PIs.** A PI may submit more than one application, but each must have unique specific aims. On each CBCRP Cycle, applicants are limited to a maximum of two (2) grants either as PI or co-PI, and these must be in different award types. The Program and Policy Initiative grants are not included in this limit. A PI may have more than one Program or Policy Initiative grant in a year.

4. **University of California Campus Employees:** In accord with University of California policy, investigators who are University employees and who receive any part of their salary through the University must submit grant proposals through their campus contracts and grants office ("Policy on the Requirement to Submit Proposals and to Receive Awards for Grants and Contracts through the University," Office of the President, December 15, 1994). Exceptions must be approved by the UC campus where the investigator is employed.

Policy on Applications from PIs with Delinquent Grant Reports

PIs with current RGPO grant support will not be eligible to apply for additional funding unless the required scientific and fiscal reports on their existing grants are up-to-date. This means that **Progress/Final Scientific Reports or Fiscal Reports that are more than one month overdue may subject an application to disqualification** unless the issue is either, (i) addressed by the PI and Institution within one month of notification, or (ii) the PI and

Institution have received written permission from CBCRP to allow an extension of any report deadlines.

Confidentiality

CBCRP maintains confidentiality for all submitted applications with respect to the identity of applicants and applicant organizations, all contents of every application, and the outcome of reviews. For those applications that are funded CBCRP makes public, (i) the title, principal investigator(s), the name of the organization, and award amount in a "Compendium of Awards" for each funding cycle, (ii) the costs (both direct and indirect) in CBCRP's annual report, (iii) the project abstract and progress report abstracts on the CBCRP website. If the Program receives a request for additional information on a funded grant, the principal investigator and institution will be notified prior to the Program's response to the request. Any sensitive or proprietary intellectual property in a grant will be edited and approved by the PI(s) and institution prior to release of the requested information.

No information will be released without prior approval from the PI for any application that is not funded.

Award Decisions

Applicants will be notified of their funding status by January 15, 2027. The written application critique from the review committee, the merit score average, component scores, and programmatic evaluation are provided at a later time. Some applications could be placed on a 'waiting list' for possible later funding.

Appeals of Funding Decisions

RGPO strives to resolve issues raised throughout the grantmaking lifecycle from funding decisions to project closeout. **Before submitting an appeal or grievance, applicants are encouraged to discuss their concerns with the appropriate program officer or program director**.

The only basis on which an appeal regarding the funding decision of a grant application will be considered is in the case of an alleged error in, or violation of the peer review procedures and/or process. Appeals based on substantive disagreement with the peer review evaluation will not be considered. In such cases, applicants may resubmit applications in a subsequent grant cycle.

Applicant appeals must be made to the program within 30 days of receipt of the review cycle summary statement. If discussions with the program do not satisfactorily resolve an applicant's issue, either the applicant or the program may contact the RGPO Executive Director for resolution. If resolution is not achieved, or if the applicant believes that a violation has occurred that has not been adequately addressed through these efforts, a formal appeal may be filed with the Vice President of Research and Innovation.

Pre-funding Requirements

Following notification by CBCRP of an offer of funding, the PI and applicant organization must accept and satisfy normal funding requirements in a timely manner. Common pre-funding items include:

1. Supply approved indirect (F&A) rate agreements as of the grant's start date and any derived budget calculations.
2. Supply any missing application forms or materials, including detailed budgets and justifications for any subcontract(s).
3. IRB applications or approvals pertaining to the award.
4. Resolution of any scientific overlap issues with other grants or pending applications.
5. Resolution of any Review Committee and Program recommendations, including specific aims, award budget, or duration.
6. Modify the title and lay abstract, if requested.

Publications Acknowledgement

All scientific publications and other products from a RGPO-funded research project must acknowledge the funding support from UC Office of the President, with reference to the specific CBCRP funding program and the assigned grant ID number.

Open Access Policy

As a recipient of a California Breast Cancer Research Program (CBCRP) grant award, you will be required to make all resulting research findings publicly available in accordance with the terms of the *Open Access Policy* of the Research Grants Program Office (RGPO) of the University of California, Office of the President (UCOP). This policy, which went into effect on April 22, 2014, is available here: https://www.ucop.edu/research-grants-program/grant-administration/rgpo-open-access-policy.html.

Grant Management Procedures and Policies

All CBCRP grant recipients must abide by other pre- and post-award requirements pertaining to Cost Share, Indirect Cost Rates, Monitoring & Payment of Subcontracts, Conflict of Interest, Disclosure of Violations, Return of Interest, Equipment and Residual Supplies, Records Retention, Open Access, and Reporting. Details concerning the requirements for grant recipients are available in a separate publication, the University of California, Office of the President, "***RGPO Grant Administration Manual***." The latest version of the Manual and programmatic updates can be obtained from the Program's office or viewed on our website: http://www.ucop.edu/research-grants-program/_files/documents/srp_forms/srp_gam.pdf

Contact Information

Technical support and questions about application instructions and forms should be addressed to the Research Grant Programs Office Contracts and Grants Unit: RGPOGrants@ucop.edu

For scientific or research inquiries, please contact:
Sharima Rasanayagam, PhD
Director, CBCRP and Cancer Initiatives
sharima.rasanayagam@ucop.edu
(510) 987-9216

The California Breast Cancer Research Program is part of the Research Grants Program Office of the University of California, Office of the President.