

TCC for Health Disparities Research on Chronic Disease Prevention

Please stand by for realtime captions. >> Good afternoon. The webinar will be starting shortly . >> Good afternoon. Good morning, depending on where you are. Welcome to the NIMHD webinar, collaborative dissenters were health disparities research -- NIMHD Transdisciplinary Collaborative Centers for Health Disparities Research on Chronic Disease Prevention (U54) . My name is [Indiscernible] and here with me is Doctor Michael., Chief of office of research into the -- and John Watson, program official at NIMHD, and also NIMHD scientific officer, Doctor Marian shot. With us here, technical lead, Edgar Dews. Here is at the table of competent -- table of comments of what we're going to talk about today. Including the objective, application components, budget, NIH peer review and selected frequently asked questions. Then we will open the floor for questions and answers. First is just a brief description of the NIMHD centers. NCMHD centers for health disparities research, established in 2015. The purpose is to comprise regional collections of research institutions partners focused on research areas in Minority Health and Health Disparities. To develop and disseminate effective interventions that can be implemented in real-world settings. And to disseminate knowledge that is currently our approach -- occur culturally appropriate at that will benefit communities. Previously we have on health post, men's health, social determinants of health, and that we have initiatives. >> Again, we established this in 2012. Now we have on the street and this chronic disease initiatives. For this opportunity, this FOA invites applications to establish specialized TCC for health disparity research focused on disease prevention with an emphasis on developing, implementing, and disseminating community-based multilevel interventions. The objective is to improve chronic disease prevention and to promote health equity, to initiative and -- in the video, -- individual, family, team, growth, community or levels at least three or more levels. To focus on primary and secondary prevention, use -- collaborative, and systems approach. And encourage working extensively with community partners.

Here are a list of required components and page limits. The overall component -- page limit is two pages. For the administrative core, it is two pages, for other consortium, -- minority, dissemination, the page limit is 6. And for each intervention project, the page limit is 12 for each project. For the overall component, tuition eight and implement -- to initiate and implement, most at individual, family, team, growth and high levels to improve chronic disease prevention and promote health equity. In the application, please describe the overall composition of objectives, specific aims, and expected outcomes of the proposed GBC. To identify the health disparity populations to be included in the proposed projects and describe the chronic disease prevention focus. >> Also, to delineate geographic regions to be covered, including DHHS regions where the proposed work will occur. For the -- to provide overall project evaluation, ensure that component plans are implemented according to proposed timelines. Modest progress on intervention

progress and ensuring that TCCs party research is carried out in compliance with applicable federal regulations and policies. In the application, please describe the TCCs organization and the governance structure, describe how the administrative core will manage, coordinate, and the supervised the entire range of proposed TCC activities, and also, include a variation plan to monitor progress on proposed TCC activities. In the coins -- consortium core which serves as a focal point for organizing and nurturing working relationships with all consortium partners, so in the application, please explain the scientific rationale for including the consortium partners. Summarize the strength of the proposed consortium, describe specific opportunities to establish or strengthen associations with other relevant agencies, also describe strategies and the procedures for assessing the effectiveness of partnerships on an ongoing basis and the revolving -- resolving disputes or misunderstandings between partner organizations. In the methodology core, which formulates and appropriate theoretical framework, data analyzes planned and assessment of community level-based multilevel interventions on an application, please describe the roles, responsibilities of the key members, as well as collaboration with regional partners with methodology expertise. Describe a comprehensive needs assessment in the community. Describe theoretical concept about it, supporting a multilevel chronic disease prevention.

Also please describe the scalability and the proposed interventions. For intervention projects, at least two projects with different multilevel intervention is being included also, to describe close collaboration with consortium partners, and the multiple chronic disease conditions are encouraged. So in the application, please describe the multilevel approach, using each project, describe the type of prevention, primary, or secondary, to be addressed. Also describe what chronic disease condition is being targeted and what potential clinics and other outcomes are anticipated. >> The dissemination core identifies -- developed effective systems, infrastructure and strategies to disseminate research -- research findings. In these applications, please describe strategies to keep various strike -- stakeholders informed on an ongoing basis at describe strategies to use research findings to inform policy and to promote diffusion, adoption, and sustainability of the effective multilevel interventions in relevant communities. To describe plans to ensure protection of disciplines and communities from any intended harm. Again, I want to emphasize this Tuesday seven FOA has a regional focus and here is a list of the regions and it is mentioned in the FOA. >> I also want to mention the funding instrument, and this is used to to inform -- U54 specialized Center cooperative agreement. The dominant role and primary responsibility resides with the award recipients. However, substantial NIH scientific and programmatic involvement. For program officials, with evolving scientific and pragmatic issues, and also we have project scientists which are more involved in scientifically involvement through technical assistance, advise, and coordination.

As mentioned in the FOA, the budget allocated is about \$5 million. We intend to find two or three awards. For each award, it is about \$1.5 million direct cost every year. This is a list of key days, and also in the FOA. I just want to remind everybody that the due date is December

16, 2015. Now, I am going to hand it over to our review officer, Mary, who will go over the review process.

Good afternoon, everyone. This slide has a link to training for review if you are interesting to becoming a reviewer. If you are not already I am doing a little bit of advertisement for review. The next slide . The peer review process. First, the application will be assessed for completeness by the center for scientific review,

CSR and NIMHD program staff will assess -- application for responsiveness, and the NIMHD scientific review officer will assemble a panel of experts from the external community to peer review the application. At least a three aside expert reviewers will assess the overall impact of each application, based on established criteria.

The reviewer evaluates each application , potential to succeed. For the five criteria, that they are looking at for the overall impact is a significance, investigators, innovators, approach and I met -- the overall criteria take into account the evaluation of all of the core in the project. >> For the core story, for the administered core, consult the core and dissemination core, so each of these core will be seated one impact core. For the intervention project, it is -- we go back to the criteria of significance, investigator innovation, a portion of [Indiscernible] and each project will receive a score for each of the criteria, and one impact score. >> There is additional review criteria. The criteria -- are criteria that are included in the determination of the overall score. They do not get the separate score, but the reviewer is taking into account what these criteria are about, and very important, the human subject, inclusion of women and minorities and children, or that -- if the animal -- if they are involved and bio hazards. There are additional review considerations, and this criteria are not included in the determination of the overall score, but they are discussed after the voting. So that criteria are the select agent research, the resource sharing plan and budget and period of support. >> So during the review, some of the application may be streamlined, which means that they are now going to not -- they are not going to be discussed. So for each application, an average of the preliminary overall impact score of it inside reviewer would be calculated. He would then determine an average score cutoff point for this portion of the application. During the face-to-face meeting applications, during the face-to-face meetings, applications with an average score under the cut off point will be discussed. The application that are above the cutoff point -- I'm sorry -- yes. Will be discussed only if the reviewer requests it. So for the discussed application, sign reviewer will summarize their critique and open discussion will follow him for the complete panel. The final scoring of overall impact score is computed by private ballots.

The final score is based on the average of all of the voting reviewers, multiplied by 10. So it is the score range, going from 10, which is exceptional, 290 which is poor. -- To -- 90 which is poor. A similar statement for the application discussed as well as not discussed will be available approximately 30 days after the review meeting. One important thing is, please, do not contact the members of the review panel when the roster is available to you. This can be -- bring a lot of problems.

Please do not contact the members of the review panel and do not let the reviewer to contact you either.

If this happens, please contact someone at NIMHD. Thank you.

Thanks, Mary and following an issue -- recommended applications it will receive a second level of review by the national advisory Council on Minority Health and Health Disparities. The following will be considered in making funding decisions. First, scientific and technical merit of the proposed projects as determined by the scientific peer review. Second, availability of the funds. Third, relevance of the proposed project to program priority. And finally, geographic distribution of the award recipients. >> We have a list of selected frequently asked questions that we have received so I am going to address some of them now. First question is, can we propose surveys on chronic conditions, not listed in the ethical -- FOA? The answer is yes. Chronic serious conditions are defined here as conditions that last one year or more and require ongoing medical attention or unlimited activities of daily living or both so this FOA for the purpose of this FOA, chronic disease conditions -- that is -- and health despair about the -- including but not limited to diabetes, cancer, cardiovascular disease, kidney disease, HIV-AIDS, asthma, depression, and other mental illness. Substance abuse, and addiction is others. Propose the survey can include other chronic conditions not listed in the FOA as well.

The second question, if there is an existing TCCU in our region, can we still applied? The answer is yes. This is an open competition. And the third question, we are really have ATCC or P 50 -- are we eligible for this FOA? The answer is also yes. Nothing the FOA prohibits organizations that have an active TCC award or other awards for applying from the FOA. So the other -- additional information, eligible institutions and applicants, can be found in the FOA under part 2, section 3.

Question 4, the FOA states that priority will be given to projects targeting communities without a previous government-sponsored at communitywide interventions. What does this mean? For this FOA, we encourage the projects that move beyond the application of previous prevention intervention research but for example, intervention of single level interventions to income -- the expansion and scaling up of local interventions to address chronic disease prevention at the regional level.

We expect that research -- expertise and experience lend from one community, for example, CDP our approaches, can be translated to another community. This does not exclude any previous or current federal funded community health centers or other community-based organizations from applying. This also does not exclude any communities with -- receiving government funding to reduce health risk factors -- however, priorities will be given to those applications targeting communities where no communitywide interventions -- research was or is being implemented.

As a result, we encourage intervention research and resource limited health disparity communities. However, the implementation of innovative or normal interventions in communities with previous prevention intervention will also be considered. Question five, is there a definition of communitywide intervention? For the purpose of this FOA, we defined communitywide intervention as research intervention at the community level, which will have an impact on health of the majority of the population in the community.

The sixth question, the FOA states that priority will be given to multilevel interventions of that target at 500 or more participants within the selected communities. Does that mean that all interventions need to be -- 500 participants? The answer is no record proposed interventions and do not need to record a minimum of 500 participants. We encourage multilevel interventions to engage or have the potential to impact at least 500 or more people within the community. However, we acknowledge that the research team may be in a better position to determine the sample size through power calculation for interventions. >> Question seven, my collaborators and I have already completed many elements of this needs assessment to be conducted in the first year of the a worker can you clarify what is intended to be included in this work of comp -- comprehensive needs assessment? Also, by hope -- measures biomechanical measures expected to be included?

We -- investigator should have a needs assessment and intervention plan in the community in which they want to implement multilevel interventions. The requirements for the first year comprehensive needs assessment is intended to give investigators additional time to -- [Indiscernible] and broaden the assessments including obtaining baseline data but for example, incidence data chronic disease in the community. And incorporating regional level data. This may also include adapting or tailoring measures, intervention elements, or data collection procedures and to be more appropriate for targeted communities within the region. Mostly importantly, they will provide investigators additional time to enhance collaboration and ability to trust, not only their local community partners but also other participants in the region.

Biochemical measures are not required. But encouraged. Question number 8, the FOA states that in year two different, each of TCC will initiate and implement multilevel interventions at individual, family, team, committee, or higher levels, at least three or more levels to improve chronic disease prevention and to promote health equity. Does this mean that the interventions must be newly developed in the first year? The answer is no matter the lack of multilevel interventions and chronic disease prevention means that some adoption and modification may be needed in the first year. We expect applications to come in with clear intervention plans for scaling up execution on a regional level. >> Question number nine, we have evidence of individual and community level interventions that have been effective. In a couple of communities in which we are working. But what need to develop a third level intervention. Can we use the first year to plan and develop that third level intervention? The answer is no matter all interventions must be proposed and justified within applications.

Question number 10, does the intervention potential selecting only one community as the intervention group? No. The intervention group does not -- potential to selecting only one community at multiple communities can be included in the intervention. We welcome any innovative ideas, approaches or methods. >> Question number 11, is the community or communities to be selected on the basis of a single health risk factor? That is high relative to other communities, or is it the intent to select based on multiple cultural risk factors that a community exit is compared to other communities? >> Focusing on multiple health risk factors are encouraged. If an applicant chooses -- lack a community or communities with a single health risk factor, comparing argument, justification should be included. For example, high prevalence, height mobility or mortality. This is a list of questions that we have received. Now we will open the floor for any questions and answers. Please type in your questions so that we can answer. We will read out the questions as we received. >> Hi, everyone. It would help if you could just click on asked questions here and not wait for we will send the questions it directly to me. John Westermann. We will funnel them through and get them answered.

[Pause] >> Any questions? Nothing?

[Pause] >> All right. Actually, we do have a few questions coming in the first question is, is that U54 -- does it need to address training and/or pilot projects cores?

No. There is no requirement for that.

Okay. The next question, is there -- excuse us -- is there a limit on how many partners we can include in the proposal?

No. There is no limit apart is. We encourage you that you have as many partners for that -- from the community as possible.

Okay. We have a white referencing for our health disparities intervention.

In the FOA, we did not have any specific requirement on this. So it is open to any innovative ideas that you have or approaches that you want to proceed.

Okay. Just trying to get -- okay. Please clarify the statements under the research objectives that state, note, I am sorry -- we're WN. TCC awards -- we are jumping around. I am sorry. I will be that again. Okay. Please clarify the statement under the research objectives that state, notes, TCC awards will not support core that duplicate institutional resources or cores supported by other federal funding if those needs are available for use by this -- TC -- TCC participants. P 20 and I am finding -- already funding for an administrative core, with that prevent them from participating in this U54? Can it be continued with the new funding once the P 20 has expired? >> I will try to take a stab at that. This is Mike. The purpose here is to avoid duplicating efforts and having relatively scarce grant dollars being used to do the same

thing twice. Now, with respect to the administrative core, so let's set aside the administrative core for a moment and let's talk about technical cores. So if your institution, for example, has about statistics core or valid informatics core that is supported by some other grant, it could be an NIMHD center of excellence grant or some other

NIH grant, if the resources and the facilities and expertise of the core is available for the TCC investigators we are not interested in supporting a core that duplicate that service or those resources. Now, with respect to administrative core, each center -- because each TCC has the unique program, if you will, or mission, I mean, we have TCCs on health policy, TCCs on men's health, it is really -- we expect that each center will have a distinct administrative core the designed specifically to facilitate the work of that center. That is not to say that people who are involved in administrative cores in other center grants cannot be involved in TCC in this particular TCC. But however you propose, your administered core is going to be important that you demonstrate to the reviewer is that it's going -- that it is optimally designed and staff to facilitate successful completion of the aims for that particular TCC.

Thank you, Mike. Next question. Related to the point about just a single health risk factor, we are proposing to focus only on smoking cessation be appropriate at high prevalence, high morbidity, or would you prefer a project on smoking and physical activity? >> At least -- stated in one -- a similar question, we have no objection just one single risk factors. So if you propose that and for good justification, the answer is yes. You can do that. Spider great. And the next question is can the interventions it be different conditions, for example, diabetes and one community and hypertension in the other? >> The answer is yes. You can do that. >> Yes. Given that there are only going to be two or three grant funded and there is an overwhelming response, will they considered -- will they consider funding more than three?

Is the question -- this is a question for Mike.

Well, it is impossible to predict. We do not have an actual budget for FY 16, so depending on what our appropriation is, it is conceivable that additional words could be considered but impossible to know at this time.

Next question. Is it anticipated -- excuse me -- is it anticipated that a TCC region will include multiple states or just one state? Part one of this question. >> Answer the part one?

Yes. I am sorry. Yes.

Other parts -- landed to the carpet expect can regions and stand apart with multiple regions?

Okay. Yeah. Regions -- the applicant -- it is up to the applicant to define the region. That you are going to be working in. We ask that you identify which of the HHS define regions that you will be working it, it could be one region or two regions. It could be -- you could

hopsotch across the country and be involved in communities on both coasts. Regions can cut across state lines. It really depends on the population that you are involving in your project. So it is up to the applicant to define the region, but again, as we stated in the RFA, you need to provide a scientific rationale and justification for why you are focusing on that particular region in the population and it is important to note, again, the regional aspect of this, many of our research project grants and some of our center grants -- other center grants focus on relatively small groups of folks, single neighborhoods, a single health care provider. Network -- we are really trying with the TCC program, not just this RFA but all of the TCC RFA's it to expand the scope of work to touch larger populations that have a bigger impact on a regional basis.

Thank you. Next question -- is it is expected that projects will include a multiple chronic diseases . For example cancer and diabetes, or would you recommend focusing on one chronic disease? >> We encourage to have multiple chronic conditions. But it is not a requirement. >> Next, is the pilot I were program beyond the two projects are allowed or encouraged? >> We do not anticipate to have pilot projects under this FOA. There will be two intervention projects, multilevel intervention projects .

This participant wants to know where NIMHD is thinking in terms of regional collaboration. Do we want actual projects coalbed with other states within the region? Or do they want cores to be coed with other states in the region?

Again, it is up to the applicant to define the region and your region does not necessarily have to include multiple states. It can be within one state. The point is that we are looking for interventions that target populations, larger populations, not just small neighborhood groups. But there is no requirement to have multiple states or particular number of entities with any particular geographic distribution. >> We might have addressed this already but how our community is defined if there are several islands as in the Virgin Islands -- could each island be considered a community? >> That is a good question. In the FOA, we have a definition of the community that we consider. In this case, my answer is yes. I mean, you can use one island as a community. If you want to.

Okay. The next question, concerning no previous communitywide interventions, is it okay if this effort focuses on different outcomes in the same community, where a communitywide intervention already took place? >> The answer is yes. However, as we mentioned, in FOA, priority will be given to those who have not had any communitywide interventions before. But we will consider other applications -- innovative and it can address the health disparity issues that we are concerned.

Next question, is the 500 a patient participant per intervention or for the two interventions?

The 500, again, is we expect to have the impact on 500 or more and the community, which is the purpose of the TCCs, to have a regional impact.

We do not expect to tell you or to -- how many samples in that interventions you need to have cricket is up to you to calculate the power analysis and to identify sample size you need. >> I just want to give an example. So, for example, focusing on the impact on the population as opposed to and rolling a certain number of participants in the intervention trial. So you can imagine, delivering an intervention to five County health departments. And that could have an impact on 50,000 people. Simon, we are -- when we talk about 500 or more, we are talking about the potential impact on a population. Not necessarily -- not the number of people enrolled in a trial. >> Will be FAQs be available on the NIMHD website?

Yes. We will publish them , as long as this webinar -- it will be published. >> What do you mean by working with communities that do not have federal funding? Is this a strict requirement? Or if we have a sample size, greater than 500, can it be -- can it be a population that has federal funding?

Again, we do not expect to exclude any applications because they have previous communitywide interventions. But the priorities were certainly given to those with less research results , health disparity community where they need more research intervention, research and resources . >> With this initiative, we are trying to expand the participation of health disparity populations. In NIMHD funded research so that is one of the reasons that we are really interested in projects that reach out to communities that have not been involved. In federally funded research programs. Or intervention programs. >> RP 20, P60 eligible to participate?

Yes.

They are eligible. >> I think we touched on this but I will read it again. Will any preference be given to applicants that present projects across regions?

We do not have a preference for that. Again, as Mike mentioned it is up to the reviewer to decide which application is more competitive or with merit.

It is really going to be based on the science. So if we do not have some arbitrary formula for a number of localities or jurisdictions, it is really going to be based on what you are trying to accomplish scientifically and have to make the case to the reviewer of what you are proposing. That it makes sense.

Will there be an effort to distribute the awards across the US versus finding three awards in one geographic area? >> Geographic distribution of award recipients is one of the considerations that we will use for funding decisions. Not the only one, but it is one.

Is it appropriate to have an intervention that promoted the use of clinical prevention services as a primary prevention effort? >> So still wanting to know --

In an FOA, we did not -- we do not have the intention to exclude any primary or secondary prevention measures. So -- as long as it belongs to the primary and secondary prevention, it is all eligible. >> Develop a consortium -- should members remain in the application? >> Consortium partners should be named in the application. This is a little different from when we started the TCC program in 2012, we had a planning phase, a one-year planning phase followed by a four year implementation phase and that was driven in part by the relatively short amount of time that applicants were allowed to gather their applications. In this case, we believe that we are providing ample time for applicants to get organized, so the consortium partners should be identified in the application and there should be credible evidence that they are actually on board, engaged, and that is why we ask for signed letters of support that layout what they are planning -- what their expectations are and what they will do. And, again, the intervention, as Doctor Jane said, the intervention should be described in the application, so we expect these to be completed in the application.

And Mike mentioned, I just want to emphasize that the first year is really to give additional time for the applicant to build more trust of collaboration and really to modify our interventions designed but the application actually need to include all the elements listed in the FOA.

Can we be part of more than one proposal?

Yes. I mean, the application is really submitted by the Institute. So you can be part of a co-PI on the application from another Institute but one Institute can only submit one application.

With multilevel intervention, can we use random assignment of levels within community? >> This is a good question. Really, we do not have any opinion on what innovative or novel approaches -- method you can use. You can propose any approaches or methodologies you want to use. It is really based on the scientific merit, the peer reviewer will make the decisions and recommendations. >> Will you kindly review the first year needs assessment requirements?

That was in the initial presentation. Could the person that submitted this question kindly let us know if you need us to address this again? We will move on. If you do, just send again your text and we will address it again. The next question. What is the relationship between a focus on community and a regional scale up? >> So again, it is -- there wanted to know, what is the relationship between a focus on community and a regional scale up? >> In the FOA, we did not have a requirement on how the community intervention will be having -- how to have a regional scale up. It is really up to the investigators to design or to design your intervention, actually.

Okay. Do the interventions need to be comprehensive?

I think these are really good questions for the investigator to design and to think about, to impress the peer reviewers. We do not have any requirement or any predetermined idea from this FOA. You can do whatever you think is appropriate. >> Along those lines, should applicants focus

on multiple health behaviors as well? >> If he encourages -- as I have mentioned, to one of the previous questions, if you only have one single risk factor you would like to address, as long as you have a good justification, it is also fine.

Will this TCC be reissued -- it will the TCC U54 RFA be reissued I guess in 2016?

I think Mike has already addressed that question. So I am not going to say anything anymore.

Will there be an effort to -- we saw this one. What does multiple level intervention mean? Can you give an example? >> A simple example is mentioned, again, in the FOA, is at least for any design multilevel intervention to prevent a chronic disease, you need to have at least individual level, family, group level, and the community level, which is already three levels, but you can also have a higher level in intervention in the region area or in the state area. It is really up to the PI to decide what is the most appropriate -- what level interventions -- the requirement is -- as long as you have at least three levels interventions, that should do. But -- of course, the three levels I just mentioned, individual, group, and the community.

Going back to the needs assessment question, the question put forth visit, if this -- if the needs assessment a requirement that happens after the U54 is awarded? How will the results from the needs assessment inform this is center moving forward? >> That complete needs assessment as we mentioned earlier is really for you to have more deep collaboration or build trust and also modified your intervention design. So we do not expect you to have major changes after the first year. So old applications should already have a clear research design and a list of support and collaboration in community with -- in collaboration with the community partners already.

Again, -- not sure about the response to the question, about the U54 being reissued. Can you say yes or no? >> Mike answer that question and I am not going to ask him to do that again.

[Laughter]

Well, I cannot say yes and I cannot say no. I can say maybe. That is about all. It is going to depend on availability of funds and programmatic priorities. So it cannot be -- we cannot commit one way or the other at this time.

Okay. Next question is, how will reviewers be instructed to compute the overall score? What weight is given to each core, et cetera? >> The reviewer gives the weight to each criteria the way that they want. We do not tell them that one core is more important than another. It is them to decide. And it is just, the final score is not the average of all of the scores that they gave, because some reviewer thinks that certain criteria are more important or certain core are more important but it is their decision. We do not tell them what is the most important.

Okay. We have addressed all of the current questions on the chat room. If you have any more, please type them in now. We will give you a few minutes.

Okay. We have one more. If you have collaborative -- collaborators across one or more HHS region, does that impact the review? >> No. It will not impact the review.

Yeah. I think it is really the scientific merit, the proposal makes the case. So it is up to the reviewers to decide which one is more preferable.

Okay. Are there any plans to issue an RFA 4P 20 center grant if we choose not to apply for the U54? >> Again, we are not in a position to indicate what we will or will not do and FY 16. It is going to depend on the availability of funds, and as I said earlier, we do not know what our budget is going to be in FY 16, as well as the priorities of the Institute and, as you probably know, we have a new director coming on board next week. So there is going to be a lot of planning and discussions that goes on with regard to our planning or initiatives for FY17 and -- FY 16 at FY17.

Each intervention project -- does each intervention project need to be multilevel?

Yes. It needs to be multilevel interventions.

Okay. Does the NIMHD partner need to be identified in advance of funding decisions? >> I do not -- we do not understand what you mean by NIMHD partners. Can you rephrase your question?

Program -- project scientist? >> Do you mean the project scientist? We just need you to clarify on who -- who you are defined -- the project scientist. No.

No. You should not put any NIMHD names in your application. We will decide after -- when awards are made, we will decide who the project names are and who the program officials will be for those particular awards.

Once you have received letters of intent, will applicants be able to inquire as to whom within the geographical area has the intention to apply?

No. The letters of intent are confidential.

Yes. They are confidential. There are -- event just for scientific review branch to understand how much work they are going to get and what the expertise are needed and so -- in advance.

Okay. I think we are -- okay. We are caught up on questions, so I will give you another minute or two to ask -- if anyone has any other additional questions.

[Pause] >>

All right. I will give you 10 more seconds , hearing -- if we do not see anything, we will wind it down and, like we mentioned, there will be frequently asked questions posted on the NIMHD website.

Where you will find them on the NIMHD website is under -- on the page that is titled NIMHD funding opportunities. So you can find a link to that on the homepage , so look for the link NIMHD funding opportunities and that will take you to a page that lists all of the active funding opportunities and then where there are technical assistance webinars, for particular -- you will have links -- you will see -- you will see links to the webinars as well and the FAQs -- when they are available, they will be posted along with the links to the webinar.

Okay. Will the slides be available independent of the webinar? Can they download the slides?

Yes. We can do that. Thank you very much for your interest in this FOA. Here is a list of contact. If you have a questions, relevant to the FOA, please feel free to email me or call me. If you have a questions related to the review, please contact Marilyn and if you have a questions related to grant, also you can contact Priscilla grant. Thank you very much. Have a great day.

[Event Concluded]