

DR. G. RALPH COREY LEGACY AWARD

Funding Opportunity Announcement (FOA)

v. May 2023

In 1985, Dr. G. Ralph Corey spent three months working in a small missionary hospital in the western highlands of Kenya. This life-altering experience for him became the inspiration that allowed for hundreds of young physicians to travel abroad to improve the health circumstances of people in the developing world through clinical service, education, and research. Dr. Corey's career in academic medicine and medical education allowed him to both build relationships internationally and facilitate the placement of young physicians in resource poor settings. Dr. Corey became the founding director of the Hubert-Yeargan Center (HYC) for Global Health and served as Director of Infectious Diseases at the Duke Clinical Research Institute (DCRI). Dr. Corey's vision helped to secure Duke's role as a leader in global health education for post-graduate medical trainees. He retired from a highly distinguished career at Duke on June 30, 2020.

In recognition of Dr. Corey's outstanding service, Duke HYC and DCRI have partnered to create the Dr. G. Ralph Corey Legacy Award that establishes a research fund to carry on Dr. Corey's vision consistent with the HYC mission statement: *to develop the next generation of globally educated, socially responsible clinician educators and scientists dedicated to improving health equity at home and abroad*. The award program will provide supplemental funding to support post graduate trainees and junior faculty research projects related to *health equity and health disparities in LMICs and underserved populations*. This scholarship is a mechanism to both honor an individual with a lifelong commitment to underserved communities, while at the same time to carry on his legacy of training the next generation of global health professionals.

ELIGIBILITY. The RC legacy program seeks to support early career clinician-scientists including residents, fellows, and assistant professor-level faculty who have interest in leading clinical research serving in low-to-middle income countries (LMIC), resource-limited settings (RLS), and underserved populations (UP). The project team must include a local co-Investigator. The fellowship program intends to name 1-3 award recipients per year.

BUDGET LIMIT. Proposals may request budget support for up to a 2-year project period. Proposals submitted by residents or clinical/research fellows may request up to \$25,000 USD in direct costs; proposals submitted by assistant professor-level faculty may request up to \$50,000 USD in direct costs. Multi-site proposals are encouraged. Larger proposals may be considered with prior approval. Allowable expenses include personnel effort, research supplies, clinical and laboratory testing, study-related travel, shipping costs, and publication expenses. Equipment and conference-related travel require prior approval. Indirect costs are not allowable.

PERFORMANCE PERIOD. The fellowship award will support research proposals that can be completed within 2 years.

APPLICATION REQUIREMENTS. Research proposals must be for activities in low-to-middle income countries, or in low-resourced settings including domestic underserved communities or populations. Applicants must partner with a local investigator and include a data sharing plan or agreement that describes how the research data will be collected and shared. Applications must include a description of expected scientific products or other benefit(s) gained from the investment including future funding opportunities, enhanced local capacity, future collaboration, etc. **Formatting should be single spaced, 12-point Arial font, and 1-inch margins** all around. (5-page limit, including tables and figures. Cover page and References do not count towards the page limit.)

1. **Cover Page.** Required information including:
 - Proposal title
 - Contact information of applicant, co-Investigator(s), and key personnel including name, title, department or local affiliation, address, email address, and phone number
 - Clear designation of a PI, co-PI or co-Investigators
2. **Research Abstract** (250-word maximum). Summary of the proposal for possible marketing use by the Sponsoring Program.
3. **Research Plan** (5 page maximum). Description of the research approach, methods, and analysis plan including:
 - Statement of research objectives or specific aims
 - Significance statement including significance to Global Health, health disparity, and to the proposed research setting
 - Research methods for informed consent, eligibility and enrollment, description of the study population, data and specimen collection and

management plan, and data analysis plan for prospective or retrospective analysis

- Communication or collaboration plan for community and local engagement
- Previous work or analysis relevant to support the current proposal
- Description of the research team and local capacity to support the current proposal
- Potential for follow-on or future funding support or for sustained local capacity

4. **Appendix Materials.**

- Cited reference list
- Letter of Support (LOS) from a collaborating investigator at the local site(s)

5. **Budget and Justification.** Detailed itemized budget proposal and justification narrative.

6. **NIH Biosketch** (5 page limit). Submit a biosketch for key personnel and include current grant support

7. **Timeline.** Submit a project timeline with milestones included for the proposed project period

SUBMISSION FORMAT. Please combine all required elements into a single pdf document and submit *via* email attachment to tara.pemblem@duke.edu

Successful applications will be required to submit a Data Management Plan which conforms to NIH specifications before funding is awarded.

SCHEDULE. Submission Deadline is July 14, 2023.

REVIEW CRITERIA. Applications should be presented in a clear and logical manner that states the significance of the project and describes the proposed research approach and methods in sufficient detail to allow for evaluation. Quantitative/qualitative research, and mixed methods, and implementation research are all acceptable. Involvement of a statistician or appropriate analyst should be documented. All proposals will be reviewed by a multidisciplinary expert reviewer panel and will be scored on scientific merit and following other standard NIH review criteria as described below. Proposals will undergo an initial administrative review to assure applications are complete and meet the minimum grant requirements, followed by a rigorous scientific review. The reviewer panel will score each proposal according to the NIH 9-point standard scale (Table). Written feedback will be provided for all proposals.

Table: NIH Standard Scoring Scale. Each application will be scored using a 9-point rating scale (1 = exceptional; 9 = poor) in whole numbers (no decimals). The table provides a detailed description of what each score means.

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| 1 | High – Exceptional | Applications are addressing a problem of high importance/interest and have few or no weaknesses. |
| 2 | High - Outstanding | |
| 3 | High - Excellent | |
| 4 | Medium – Very Good | Applications are addressing a problem of high or medium importance/interest but have some critical weaknesses in their aims, approach, research team, feasibility or overall fit. |
| 5 | Medium - Good | |
| 6 | Medium - Satisfactory | |
| 7 | Low - Fair | Applications are addressing a problem of medium or low importance/interest and have several critical weaknesses in their aims, approach, research team, feasibility or overall fit. |
| 8 | Low - Marginal | |
| 9 | Low - Poor | |

The following criteria will be evaluated:

1. **Overall Impact:** What is the likelihood the research will have meaningful and positive influence on the LMIC population or underserved community in terms of health equity, improved local capacity, sustainable partnerships, or reducing knowledge gaps. What is the likelihood the research proposed will achieve its stated aims and will result in positive returns on the investment (ROI), including joint publications, additional funding, career commitments in global health, and/or sustained research infrastructure. Reviewers will provide an overall impact score to reflect their assessment of the likelihood the project will meet its objectives, potential for meaningful impact on the local community, and will lead to tangible ROI.
2. **Scored Review Criteria:** As with NIH applications, reviewers will consider each of the criteria below in the determination of scientific merit, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact.
 - a. **Significance:** If all the specific aims are achieved, what would the project contribute to global health and how significant/important is this contribution? Does the project address an important problem or a critical barrier specific to the target population or community? Is the prior research that serves as the key support for the proposed project relevant and rigorous? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved?
 - b. **Collaboration and Environment:** Does the investigative team have the collective expertise to lead and execute the project; are the investigators skills and experiences complementary? Is the partnership arrangement clear and supportive including necessary support from the local community and stakeholders? Do early stage investigators or trainees have appropriate

mentorship/advisory support? Are the resources, facilities and equipment appropriate for the needs of the proposed project? Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed?

- c. **Approach:** Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Have the investigators included plans to address weaknesses in the rigor of prior research that serves as the key support for the proposed project? Have the investigators presented strategies to ensure a robust and unbiased approach, as appropriate for the work proposed? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed? Have the investigators presented adequate plans to address relevant biological, demographic, ethnic, technical, or other variables or potential confounding variables?

If the project involves human subjects and/or NIH-defined clinical research, are the plans to address 1) the protection of human subjects from research risks, and 2) inclusion (or exclusion) of individuals on the basis of sex/gender, race, and ethnicity, as well as the inclusion or exclusion of individuals of all ages (including children and older adults), justified in terms of the scientific goals and research strategy proposed?

- d. **Return On Investment (ROI):** What's the potential for future funding or sustained collaborative opportunities? What's the likelihood the proposed outcomes and data analysis will lead to scientific products including joint publication(s), scientific presentations, and/or grant submissions. Will the proposed work have a positive impact on the community or subject population including improved clinical or research capacity and/or reducing the knowledge gap. How well is the proposed work aligned with the applicant's career and professional interests and commitment to global health and health equity in underserved populations?

INQUIRIES. We welcome the opportunity to address questions from potential applicants. Please submit inquiries related to this funding announcement to:

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