

# **Frontier Programs**

## **FY19 Funding**

***SUBMISSION DEADLINE: March 2, 2018 by 5:00pm***

**Application Forms and Instructions**

### **REQUIRED SUBMISSION FORMAT**

**ELECTRONIC: online submission through eSPA**



## **TIMETABLE FOR FRONTIER PROGRAMS**

<b>January 22, 2018</b>	Request for Frontier Program Applications
<b>February 7, 2018</b>	Submit disclosures to Office of Technology Transfer (where applicable)
<b>March 2, 2018</b>	Applications must be submitted in eSPA <u>by 5:00 p.m.</u> <i>(No extensions will be granted)</i>
<b>April/May 2018</b>	Oversight Committee conducts interviews for selected programs
<b>May/June 2018</b>	FY19 Frontier Programs are selected/announced – designated programs finalize business plans, budgets, milestones and metrics
<b>July 1, 2018</b>	Funding Start Date

## **FRONTIER PROGRAMS OVERVIEW/CRITERIA**

*Frontier Programs* are programs that differentiate CHOP as innovators because of their unique combination of translational research and exceptional clinical care of children with highly complex conditions. These programs are vital to CHOP's mission, reputation and financial well-being and contribute to our success regionally, nationally and internationally. Our strategic challenge is to identify those programs that have the greatest likelihood of moving through the narrow end of the funnel toward improving the health of children and providing a return on investment to help continue CHOP's cycle of innovation.

### ***Designated Frontier Programs must have 3 essential components:***

- Distinctive clinical program that provides extraordinary care
- Associated translational research program that facilitates further advancement of the care
- Return on investment that can support our ongoing innovation in the years to come

Selected programs will be eligible to receive up to \$1M in Year 1 and up to \$1.5M per year, in Years 2 and 3. If selected, the funding will be effective July 1, 2018.

### **Applicant Expectations:**

- Complete and submit all application components (*outlined below*)
- Provide any additional information requested, and participate in any necessary Committee interviews
- If selected to receive Frontier Program designation and funding, applicants will be expected to:
  - Identify program leaders
  - Establish a workgroup to facilitate programmatic development and milestone completion
  - Provide status updates and metric review to the Frontier Program Oversight Committee 2-4 times per year

### **Timeline for FY19 Applicants:**

- Frontier Program Applications are **due by 5pm Friday, March 2<sup>nd</sup>**
- Applicants selected to advance will be asked to participate in an interview with the Frontier Programs Oversight Committee in late April or early May 2018

## **ELIGIBILITY**

Individuals based at the Children's Hospital of Philadelphia with faculty appointments at the University of Pennsylvania are eligible to apply. If the potential applicant does not hold a faculty appointment, a letter of endorsement from the relevant Chief or Chair must be submitted with the application.

All applicants must notify the Department Chair and/or Division Chief of their plan to submit an application and obtain the signature of the Chair/Chief on the application cover page. This step will assure CHOP that the application is in accord with Department/Division goals and objectives.

## **ADDITIONAL INFORMATION**

- Proposed research must be conducted primarily at the Children's Hospital of Philadelphia
- Scientific and budgetary overlap of this project with other projects is not allowed
- A CV or biosketch is required for the Program Lead / PI only
- The Program Lead / PI of one proposal may also be included as a co-investigator on another proposal
- No letters of support (*unless required from your chair*), appendices, or other documents will be accepted
- Proposals should be written in no smaller than 11 point type with at least ½" margins

## **ELECTRONIC SUBMISSION**

A complete application must be submitted electronically through eSPA, CHOP's online grants system. Log into [eSPA](#), click on "Create New Funding Proposal," and enter the information requested in the forms.

Please work with your division administrator, finance business partner, or research business manager (RBM) to develop the budget.

The eSPA application must be submitted by 5:00pm on Friday, March 2<sup>nd</sup>. If you are not familiar with eSPA or do not have an account, please contact your sponsored projects officer (SPO) for assistance.

Paper copies of the application are not required.

## **ELECTRONIC SUBMISSION- DETAILED INSTRUCTIONS**

After clicking "Create New Funding Proposal" you will go through the forms, following the detailed instructions and notes below. Anything not specifically addressed should be apparent or answered according to the circumstances of your application.

**Page 1.01- 1.0 and 1.1** Please use the same title in both boxes, as the reviewers will see only the short title

**Page 1.01- 4.0** Select "Internally Funded (Foerderer, Frontier Programs)"

**Page 1.01 -5.0** Answer "No"

**Page 1.02** Personnel - Add any CHOP people who will work on the project in section 2.0

**Page 2.10- 1.0** Click the "Select" button and type "%frontier" in the search box and click "Go." Select "**Children's Hospital of Philadelphia (CHOP) Frontier Programs, The**" and click "OK." Section 2.0 may be left blank.

**Page 2.10-3.0** This is where you will upload the program application and budget. The complete application will be uploaded as **single PDF document** consisting of a cover page, program summary, business plan, program milestones and metrics, confirmations, CV or biosketch, and chair endorsement letter if applicable (*see eligibility section*). Only signed pages (*cover and chair's letter*) should be scanned. The rest should be generated in word processing software and converted and compiled with Adobe Acrobat. Please contact your Sponsored Projects Officer if you need assistance with this. The program budget should be uploaded as a separate excel file (*using the provided template*).

**Page 4.01** Budget Information

**Question 1.0** select "No."

**Question 2.0** enter "7/1/2018"

**Question 3.0** enter the number of years for which you are requesting support (*can be up to 3*)

**Question 4.0** enter “1”

**Question 5.0** select “No”

**Questions 6.0 -10.0** answer appropriately for your program.

When you have uploaded your application and finished filling out the forms, click “Save” and “Exit” at the top of the page. Be sure to do your “Key Personnel” and “PI Final” Certifications. If any other personnel were added, click “Send Personnel Certification Request” to remind them to certify as well.

After uploading your final version of the application and budget, click on “Forward Proposal”. This will move it into the internal review process, and will prevent you from making any further changes.

## **INSTRUCTIONS FOR OFFICE OF TECHNOLOGY TRANSFER DISCLOSURES**

Please use the following link to find relevant disclosure forms.

<https://intranet.research.chop.edu/display/depttech/Guidelines+for+Inventors>

Please confirm submission in the “confirmations” section of the application or note that no disclosures were necessary.

## **QUESTIONS**

For general questions or information regarding:

- Frontier Programs (*e.g., – selection process, criteria, eligibility*)
  - Dan Fields (215-687-6664 / [fieldsd@email.chop.edu](mailto:fieldsd@email.chop.edu))
- Application Submission via eSPA
  - Robert DeNight (267-426-0310 / [denight@email.chop.edu](mailto:denight@email.chop.edu))
- A directory of contact information for Sponsored Projects Officers and Research Business managers is available [here](#).
- Technology Transfer disclosures
  - [inventions@email.chop.edu](mailto:inventions@email.chop.edu)

# FRONTIER PROGRAMS – FY19

## APPLICATION FORMAT

Please pay particular attention to the page limitations below. Font must be no smaller than 11 point and margins must be at least 0.5 inch.

REQUIRED SECTIONS (provide in this order)	Maximum Length
Application Cover Page ( <i>Use form provided</i> )	1 page
Program Summary ( <i>see below for key elements</i> )	3 pages
Business Plan ( <i>see below for key elements</i> )	3 pages
Proposed Program Milestones and Metrics ( <i>see below for examples</i> )	2 pages
Confirmations ( <i>see below for required elements</i> )	0.5 pages
Proposed Budget ( <i>Use template provided</i> )	Complete each tab
CV or Biographical Sketch ( <i>Use Amended Format-see sample</i> )	5 pages
Letter of Endorsement from Chair/Chief, if applicable ( <i>see Eligibility Guidelines above</i> )	

**Applications are due in eSPA by 5:00 p.m., March 2, 2018**  
**No extension of the deadline will be granted**

# FRONTIER PROGRAMS – FY19

## APPLICATION COVER PAGE

Program: \_\_\_\_\_

Program Lead /  
Principal Investigator: \_\_\_\_\_

Dept./Div. \_\_\_\_\_

Title/Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Co-Lead / Investigator: \_\_\_\_\_

Dept./Div. \_\_\_\_\_

Co-Lead / Investigator: \_\_\_\_\_

Dept./Div. \_\_\_\_\_

Collaborator: \_\_\_\_\_

Dept./Div. \_\_\_\_\_

Collaborator: \_\_\_\_\_

Dept./Div. \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

**APPROVAL** (Signature and Printed/Typed Name Required)

\_\_\_\_\_  
**Signature of Department Chair /  
Division Chief**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed/Typed Name**



**Program Summary (*Program Description*): please include the following key elements:**

- Brief landscape overview of the patient/condition/disease focus and current care pathway e.g., total patients in country, how they are treated today, who are main competitors (clinical and research)
- The clinical innovation/clinical differentiator allowing extraordinary clinical care
- The associated translational research to enable continued advancements in care (*specify research collaborators*)
- The overall clinical and research goals of the program, including the endpoint of this work at maturity if successful (e.g., establishes CHOP as the only center for a new therapy, a new business providing a product to patients across the country, etc.)
- The opportunities for commercialization
- The use of existing clinical and research platforms

**2 – 3 Year Business Plan: please include the following key elements:**

- Volume projections for the clinical program
- Anticipated program market share (*regional and national*)
- Hospital clinical revenue based on volume projections
- Current and anticipated research revenue based on grants, contracts, and gifts
- Resource requirements for the clinical and research components (*including personnel, equipment, space, other*) – in particular, please describe current wet bench resources and anticipated new space requirements as specifically as possible
- Current or anticipated funding for the clinical program (*including hospital, department/division, donor, other*)
- Plan for referring physician and patient awareness/outreach
- Description of current and anticipated external partners
- Potential competitive threats (*how do these threats inform proposed program timeline?*)
- Plan for sustainability after initial period of funding
- Potential impacts on other programs

**Program Milestones (2 - 3 years):**

- Identify proposed milestones for the following: Clinical, Research, Programmatic
- *Example milestones:* recruitment of key clinical/research staff, opening of new clinic, recruitment of first patients, start of pre-clinical animal studies, start of new clinical trial, FDA approval of new therapy/device

**Program Metrics (2 - 3 years):**

- Advancement of CHOP leadership position (*examples*)
  - High impact publications
  - Grants
  - Awards/honors
  - Establishment of fellowship program
- Program growth (*examples*)
  - Faculty/staff recruitment and training program

- Patient volume (*incremental*)
- Geographic distribution of patients
- Financial (*examples*)
  - Budget variance
  - Gross and net revenue
  - Contribution margin
- Clinical Impact/Outcomes

## **Confirmations**

- Please confirm that you have had a live discussion with the leadership of any departments/divisions outside of your own (e.g., Nutrition, Data Analytics, another clinical division, etc.) to confirm that any required resources would be available if your program is selected – All outside departments/divisions should participate in the development of the program application and should be listed as a collaborator on the cover page
- Please confirm that you have completed the appropriate disclosure forms to the Office of Technology Transfer or that no disclosures were needed at this time

## SAMPLE BIOSKETCH FORMAT FOR FRONTIER PROGRAM APPLICATION

### BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME	POSITION TITLE		
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY

**NOTE:** The Frontier Programs Biographical Sketch may not exceed FIVE pages. In addition to completing the section above, provide the following information:

#### A. Personal Statement

Briefly describe why your experience and qualifications make you particularly well-suited for your role as Program Lead/PI

#### B. Selected Peer-reviewed Publications

List no more than 5 publications that are most relevant to the proposed project.

#### C. Research Support

List both selected **CURRENT** and **PENDING** research projects (Federal or non-Federally-supported). Use the standard NIH format as shown in the samples below and explain any overlap.

##### Current Research Support

R01 DA942367-03                      Hunt (PI)    09/01/07-08/31/12  
Health trajectories and behavioral interventions among older substance abusers  
The goal of this study is to compare the effects of two substance abuse interventions on health outcomes in an urban population of older opiate addicts.  
Role: PI

##### Pending Research Support

DCB 950000                      Anderson (PI)    12/01/2011 – 11/30/2015  
National Science Foundation  
Liposome Membrane Composition and Function  
The major goals of this project are to define biochemical properties of liposome membrane components and maximize liposome uptake into cells.

OVERLAP : There is scientific overlap between aim 2 of NSF DCB 950000 and aim 4 of the application under consideration. If both are funded, the budgets will be adjusted appropriately in conjunction with agency staff.