

Frequently Asked Questions

Data Coordinating and Operations Center for the ECHO IDeA States Pediatric Clinical Trials Network - 3 (U24 Clinical Trial Required—Infrastructure)

RFA-OD-24-009

Eligibility

1. The RFA says that "... ECHO ISPECTN Clinical Site and DCOC applicants may propose collaborations."

With whom can we collaborate?

Applicants may consider collaborating with other components or investigators within their own state or in other IDeA or non-IDEA states.

2. **Are there any budgetary restrictions when a collaboration is proposed?**

Yes. The NIH will support a minimum of 75% of total costs to institutions within IDEA States.

3. **Can we have more than one collaborating partner?**

Yes. Applicants may propose more than one collaborating partner.

4. **Can we propose one contact Principal Investigator and more than one Multiple Principal Investigator?**

Yes. Applicants may propose more than one Principal Investigator.

This notice changes **the application receipt date** and the **budget** for RFA-OD-24-009.

Please see [NOT-OD-24-094](#) for changes to the RFA.

- Application receipt Date changed from April 15, 2024, to June 14, 2024
- Award budget text changed to reflect changes to the DCOC direct costs for Core Infrastructure Costs in addition to capital costs for Protocol-Specific Costs distributed to clinical sites for trial related activities.

completion of ongoing trials, and development and implementation of approximately 5 new clinical trials.

- o Core Infrastructure support will also support the DCOC's role in facilitating the work of ECHO ISPCN committees and oversight bodies.
- o In addition, applicants should budget \$3,250,000 per year in direct costs for Protocol-Specific Costs for distribution to the ECHO ISPCN Clinical Sites as capitalization fees to conduct clinical trials.
- o Award Project Period: 5 years

The NIH has issued the following NEW FAQ related to this Notice of Change.

5. Please clarify what are the costs that must be in the "core" DCOC costs, and what are permissible in the capitalization dollars

Besides those noted in the RFA, the NIH considers the following DCOC core costs:

- IRB support
- Safety monitoring
- Efficacy monitoring