

## 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 ISPCITN 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.

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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 ISPECTN 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 ISPECTN 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