## PACHE PROGRAM PARTNERSHIP DESCRIPTION UPLOAD FORM OMB No.: 0925-0740 Expiration Date: 7/31/2022 Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0740). Do not return the completed form to this address. Denotes required fields. Abstract Information \* Registered Email: \* PACHE Program Partnership Description Title: \* Target Population(s): | Select Target Population(s) \*Cancer Type(s): \* Funding Mechanism: --SELECT--

Figure 3. PACHE Program Partnership Description Upload Form, Part 1

You must u	pload your PACHE Program Partnership Description in both PDF and Microsoft Word formats to complete your submission.
*PACHE Progra	am Partnership Description <b>PDF</b> to upload:
Choose File	No file chosen
This must be	in PDF format.
*Microsoft Wo	rd PACHE Program Partnership Description file to upload:
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This must be	in Microsoft Word format.
lotes/Commen	ts
· · · · · · · · · · · · · · · · · · ·	Partnership Descriptions will be accepted through <b>August 2, 2021</b> . You will stion email that your submission has been accepted.

Figure 4. PACHE Program Partnership Description Upload Form, Part 2

If you have any troubles submitting this form, uploading your files, or have any questions or

comments, please Contact Us to let us know.

## **PACHE Program Partnership Description Template**

Please enter description information directly into template.

PACHE Program Partnership Description MUST:

1. NOT EXCEED 1000 words and two-page maximum

2. Be 1.5-spaced in Arial 12 font with 1-inch margins on all sides.

Please delete instructions in the gray areas below to allow space for your own text.

Title of Partnership: Title must be bold.

Partnership Institutions: Name of the ISUPS and the Cancer Center (spelled out).

Research Team: Include the MPI team, Program Managers, and Core Leaders.

**Overview of Partnership:** State the overall goals, objectives, and target population(s) of the partnership. Describe the mutual benefits that the partnering institutions derive from the partnership, including ways both institutions support each other in developing stronger cancer programs.

Accomplishments and/or Discoveries: Highlight scientific research accomplishments (ex. seminal discoveries with the citation, high-ranking publications, development and implementation of innovative programs, major grants received), unique approaches, and/or resources that significantly benefit communities of interest and/or can be disseminated to other partnerships.

Impact/Outcomes of the Partnership: Describe innovative measures, scientific models, activities, and outcomes in cancer research and outreach. Highlight the cancertraining and education by providing one or two examples of a student, postdoc, or ESI successfully advancing through the program.
<b>Sustainability:</b> Describe how the partnership leverages funding through other sources(e.g., county, state, or other federal funding; foundation funding) and how partnership achievements are establishing a foundation for future PACHE research, research education/training, and community opportunities at both institutions. Succinctly describe any significant changes at the institution directed to maintain the partnership if the U54 funding ceases and any plans to retain investigators, training and education programs, and work with communities.
<b>Shared Resources:</b> Highlight Shared Resources, which could be shared among other PACHE partnerships and how they are utilized. Identify any unique characteristic(s) about a resource.
Areas of Collaboration: Describe current collaboration(s) you have with other PACHE partnership(s) and potential areas for collaboration with partnerships or other NCI programs (SPORES, NCORP, EDRN, etc.).
PACHE Program Partnership Description should be uploaded and submitted in PDF and Microsoft Word formats.