HEI RFA 24-2: INSIGHTS INTO THE HEALTH EFFECTS OF EXPOSURE TO LOW CONCENTRATIONS OF PARTICULATE MATTER

This file includes answers to questions posed by participants of the applicant informational webinar held October 1, 2024. If you do not find an answer to your question here, you can consult our frequently asked questions page or email Dr. Eva Tanner at etanner@healtheffects.org for more information.

Eligibility and Application Process

Can a Principal Investigator (PI) be based outside of the United States (US).	Yes, the PI can be based outside of the US as long as the science is directly relevant to inform US policy or practice.
Will priority be given to early-stage investigators?	Early-stage investigators will not be given priority in this RFA. We encourage early-stage investigators to consider applying to the Walter A. Rosenblith Award New Investigator Award, which will be reissued in November 2024.
What is the maximum budget allowed for a single project.	A total of $2.5 million is available for the entire RFA across all funded studies and across a maximum of 3 years, including both direct and indirect costs. Thus, the maximum budget for any single study is $2.5 million (total costs across 3 years), although HEI would like to fund 2 to 3 studies under this RFA. Budgets should closely align with the proposed specific objective(s) and scope of work.
What is the cap on direct and indirect costs?	Direct costs are limited by the available RFA budget and requisite indirect costs. Indirect costs are limited to a maximum of 30% of direct costs excluding equipment charges. In addition, indirect costs cannot be greater than the government-negotiated rate for your institution.
Is a preliminary application required?	Yes. HEI will not accept full applications without invitation.
What are the expectations for community engagement?	Proposals where community engagement is indicated should include a Community Engagement Plan following the application instructions.
What are the expectations regarding study team representation from multiple sectors?	Although there are no specific requirements regarding multi-sector representation on study teams, HEI values the engagement of diverse stakeholders in the scientific process. The study team should include experts uniquely positioned to conduct the proposed study and interpret the study findings.

Does the Research Translation and Dissemination Plan include only the final report and data sharing and accessibility plan?	No, the Research Translation and Dissemination Plan should include project-specific goals for sharing research findings beyond niche academic research communities.
Will proposals receive reviewer feedback?	HEI generally does not provide feedback on preliminary applications that are not invited to submit a full application. Research teams invited to submit a full application will receive feedback from the Research Committee and are encouraged to incorporate their recommendations. All full applications will receive anonymized reviews after funding recommendations have been made.
Will information on awarded proposals be publicly posted?	Yes, HEI will announce the funded proposals (anticipated Summer 2025) and study abstracts from the HEI Annual Conference will be posted to the HEI website during the course of the study.

RFA Scope

Is there interest in non-epidemiological studies?	The RFA is open to toxicological, clinical, epidemiological, or a combination of these study types.
For toxicological studies, is there a preference for in vivo vs. in vitro studies?	No.
Is a study based outside of the US within the RFA scope?	The RFA requires that proposed studies clearly articulate the relevance of the research to the human health effects of PM in the US. Thus, to be competitive for funding, a study based outside of the US and using non-US data would need to convincingly describe how the results are directly relevant to policy or practice in the US.
Will any specific geographic scale be prioritized (e.g., city, state, national)?	No.
Is the RFA seeking to understand heterogeneity of PM health effects related to an individual or population response?	Both individual and population level heterogeneity are within scope.
Would epidemiological studies focusing solely on vulnerable population subgroups be considered responsive?	Yes.
Is heterogeneity at all levels of exposure within scope?	The primary focus should be on heterogeneity at fine PM mass concentrations near or below current health-based standards in the US.

How does HEI define low-dose PM exposure?	In the context of this RFA, "low-dose" $PM_{2.5}$ is defined as ambient $PM_{2.5}$ mass concentrations near or below current health-based standards in the US.
Would a study using controlled human exposures, which are by definition short-term in duration, be relevant to the RFA?	Controlled human exposure studies might be applicable to evaluating individual or repeated short-term high-intensity exposure (Specific Objective 1), but the overall study would still need to be relevant to long-term exposures to ambient PM concentrations near or below current health-based standards.
Is PM particle number, course PM, ultrafine particle, or nanoparticle exposure within scope?	The primary focus of the RFA is on fine PM mass. However, PM particle number, different PM size fractions, and source-specific PM might be relevant in addressing one or more specific objectives.
Is there interest in a specific PM source category?	Yes, specific PM source categories might be relevant in addressing one or more specific objectives.
Are other regulated or unregulated air pollutants within scope?	Unregulated PM size fractions and other regulated or unregulated co-pollutants might be relevant in addressing one or more specific objectives.
Is new PM sampling within scope?	Yes.
Can studies use non-US pollutant data that might be representative of future pollutant scenarios in the US?	Yes, as long as the fine PM exposures are relevant to current ambient pollution in the United States and the results would be relevant to US policy or practice.
Is development of new bioassays relevant to PM within scope?	Yes.
Will certain health outcomes be prioritized, such as those that have already been linked with high PM exposures as compared to understudied health outcomes?	Health outcomes that are well established to be associated with high PM exposures will not be prioritized over understudied health outcomes. The RFA encourages evaluation of morbidity outcomes relevant to the evolving US population demographics.