**Indiana CTSI Community Health Partnerships – Trailblazer Award**

**APPLICATION COVER PAGE**

**COMMUNITY LEAD NAME**:

RANK / TITLE:

ORGANIZATION:

ADDRESS:

EMAIL:       PHONE NUMBER:

FISCAL AGENT (FA) NAME:

FA EMAIL: FA PHONE NUMBER:

**UNIVERSITY/RESEARCH INSTITUTE LEAD NAME**:

RANK / TITLE:

DEPARTMENT and SCHOOL:

INSTITUTION / AFFILIATION:  PU  IUB  IUPUI  UND  OTHER:

CAMPUS ADDRESS:

EMAIL:       eRA COMMONS USERID:

PHONE NUMBER:

FISCAL AGENT (FA) NAME:

FA EMAIL: FA PHONE NUMBER:

**TITLE OF PROPOSAL**:

This project has a rural focus

Which of these best describe the race/ethnicity of the population that this project aims to serve? Select all that apply.

**American Indian, Native American, or Alaska Native** *(For example: Aztec, Blackfeet Tribe, Mayan, Navajo Nation, Native Village of Barrow (Utqiagvik) Inupiat Traditional Government, Nome Eskimo Community, etc.)*

**Asian** *(For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Pakistani, Vietnamese, etc.)*

**Black, African American, or African** *(For example: African American, Ethiopian, Haitian, Jamaican, Nigerian, Somali, etc.)*

**Hispanic, Latino, or Spanish** *(For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran, etc.)*

**Middle Eastern or North African** *(For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian, etc.)*

**Native Hawaiian or other Pacific Islander** *(For example: Chamorro, Fijian, Marshallese, Native Hawaiian, Tongan, etc.)*

**White** *(For example: English, European, French, German, Irish, Italian, Polish, etc.)*

**Other** please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of these best describe the gender(s) of the population that this project aims to serve? Select all that apply.

Cisgender male

Cisgender female

Transgender male

Transgender female

Non-binary

Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of these best describe the age group(s) of the population that this project aims to serve? Select all that apply.

Under 18

18-24

25-34

35-44

45-54

55-64

65 and over

Please list the county or counties in which this project will take place:

This project builds on the funding received through the Indiana CTSI Planning Grant mechanism

**BUDGET:**

AMOUNT REQUESTED:

University Partner $ Community Partner $ TOTAL $

*(maximum $25,000)*

**HUMAN SUBJECTS / IRB APPROVAL** APPROVAL

YES NO PROTOCOL # DATE

HUMAN SUBJECTS?

*(If you need but have not received IRB approval, please check ‘YES’ and under Approval Date type ‘PENDING’)*

**REQUIRED APPLICANT AND INSTITUTIONAL SIGNATURES\*** .

The undersigned agree to accept responsibility for the scientific and technical conduct of the research project and for provision of required progress reports if a grant is awarded as the result of this application. Appropriate signatures (at least 4 total) must be obtained for both the University lead and the Community lead.

1. University Lead Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| **University Lead Applicant** | **Signature** | | **Date** |
| Applicant | |  |  |

2. University Institutional Signatures

|  |  |
| --- | --- |
| **IUSM Signature and Date** | |
| Department Head / Chair |  |

Departments of Medicine and Pediatric: Division Chief Signature is requested in lieu of the Department Chair. Institutional Official Signature is not required.

|  |  |
| --- | --- |
| **IUB, IUPUI Signature and Date** | |
| Department Head / Chair |  |

|  |  |
| --- | --- |
| **IBRI** | **Signature and Date** |
| Chief of Staff/ Executive Vice President |  |

|  |  |
| --- | --- |
| **Purdue University Signature and Date** | |
| Department Head / Chair |  |
| Institutional Official(1) |  |

Signature approval by any Sponsored Program Services (SPS) Pre-Award Center Manager is required by Purdue University applicants.

|  |  |  |
| --- | --- | --- |
| **University of Notre Dame** | **Signature and Date** | |
| Department Head / Chair | |  |
| Notre Dame investigators MUST indicate their intent to submit to this opportunity by submitting the request through [NDp3](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Finside.nd.edu%2Ftask%2Fall%2Fndp3&data=05%7C01%7Cjudrisco%40iu.edu%7Cdabce171ff0d404d754008da2de63de6%7C1113be34aed14d00ab4bcdd02510be91%7C0%7C0%7C637872764204681776%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=8L5JGnzHtM1T7yffte5eo03JvEj5G1tTYzhcxEEB30c%3D&reserved=0), Notre Dame Research's proposal intake form available on InsideND and completing the required questions in the Proposal Intake Form.  This action triggers contact from your Pre-Award research administrator.  This must be done BEFORE uploading your application into the Indiana CTSI grants site. | | |
|  |  |  |

|  |  |
| --- | --- |
| **Other Institution Signature and Date** | |
| Institutional Official |  |

3. Community Lead Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| **Community Lead** | **Signature** | | **Date** |
| Applicant | |  |  |

4. Community Institutional Signatures

|  |  |
| --- | --- |
| **Institutional Signature Signature and Date** | |
| Institutional Official |  |

*\*As submission will be electronic, a facsimile of the signed page is appropriate.*

Community Lead (Last, first, middle):    
University Lead (Last, first, middle):

**SUMMARY/ABSTRACT** (up to 300 words):   
*Briefly describe the project focus area, its significance, geographic area, population, sample size, project aims, expected outcomes, your partnership, proposed next steps, and plans for sustainability and dissemination.*

Community Lead (Last, first, middle): University Lead (Last, first, middle):

**PROJECT DESCRIPTION** (Up to 6 pages, single-spaced, Arial 11-point font, 1-in margins, see Section VII. of the Request for Applications for description requirements):

Community Lead (Last, first, middle): University Lead (Last, first, middle):

**If applicable, explain how this project will complement any of your other CTSI supported work.** (if not applicable state ‘N/A’, up to 1 page)

Community (Last, first, middle): University Lead (Last, first, middle):

**PROPOSED TIMELINE** (includes all the major components of the project)

Community Lead (Last, first, middle):

University Lead (Last, first, middle):

**REFERENCES / LITERATURE CITED**

Community Lead (Last, first, middle):   
University Lead (Last, first, middle):

**DETAILED BUDGET & BUDGET JUSTIFICATION***Please use the spreadsheet format below to indicate the proposed expenditures for 1) the community partner and 2) the university partner.* *For each budget, please provide a Budget Justification that explains and justifies planned expenditures listed in the budget spreadsheet. An estimated effort is expected in the budget for faculty time and effort committed cannot be covered by other federal support.*

*NOTE: Funding allocation cannot be less than 25% for either partner.*

***No indirect costs or finance and administration costs are allowed. Funds cannot be used to purchase equipment >$5,000 per piece, hospitality must be justified; travel expenses are limited to those that are demonstrated to be necessary to achieve the aims of the proposed project. Only in-State travel is allowable and State of Indiana reimbursement rates apply. Current State of Indiana travel reimbursement rates are located here:*** [***http://www.in.gov/idoa/2459.htm***](http://www.in.gov/idoa/2459.htm) ***under “Hotel, Parking, and Mileage Rates.”***

Community (Last, first, middle): University Lead (Last, first, middle):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COMMUNITY PARTNER**  **DETAILED BUDGET FOR INITIAL BUDGET PERIOD**  **DIRECT COSTS ONLY** | | | | | FROM | | THROUGH | |
| PERSONNEL *(Applicant organization only)* | |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | |
| NAME | ROLE ON  PROJECT | TYPE  APPT.  *(months)* | EFFORT  ON  PROJ. | INST.  BASE  SALARY | SALARY REQUESTED | FRINGE  BENEFITS | | TOTAL |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
| **SUBTOTALS** | | | | |  |  | |  |  |  |
| CONSULTANT COSTS | | | | | | | |  |
| SUPPLIES | | | | | | | |  |
| TRAVEL | | | | | | | |  |
| PATIENT CARE COSTS | | | | | | | |  |
| OTHER EXPENSES | | | | | | | |  |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | |  |

Community Lead (Last, first, middle): University Lead (Last, first, middle):

**COMMUNITY PARTNER BUDGET JUSTIFICATION** (maximum 1 page):

Community Lead (Last, first, middle): University Lead (Last, first, middle):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UNIVERSITY PARTNER**  **DETAILED BUDGET FOR INITIAL BUDGET PERIOD**  **DIRECT COSTS ONLY** | | | | | FROM | | THROUGH | |
| PERSONNEL *(Applicant organization only)* | |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | |
| NAME | ROLE ON  PROJECT | TYPE  APPT.  *(months)* | EFFORT  ON  PROJ. | INST.  BASE  SALARY | SALARY REQUESTED | FRINGE  BENEFITS | | TOTAL |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
| **SUBTOTALS** | | | | |  |  | |  |  |  |
| CONSULTANT COSTS | | | | | | | |  |
| SUPPLIES | | | | | | | |  |
| TRAVEL | | | | | | | |  |
| PATIENT CARE COSTS | | | | | | | |  |
| OTHER EXPENSES | | | | | | | |  |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | |  |

Community Lead (Last, first, middle): University Lead (Last, first, middle):

**UNIVERSITY PARTNER BUDGET JUSTIFICATION** (maximum 1 page):

Community Lead (Last, first, middle): University Lead (Last, first, middle):

**Resume, NIH Biosketch or CV of 1) Community Lead and 2) University Lead**  
*Any up-to-date version of a resume, NIH Biosketch or CV is acceptable. (No more than 5 pages each)*

Community Lead (Last, first, middle): University Lead (Last, first, middle):

**LETTERS OF SUPPORT** *If applicable, you may include a maximum of 3 letters of support. Please include signed letters in this application document, not as a separate attachment. (A letter of support from the Community Lead is not required).*

Community Lead (Last, first, middle): University Lead (Last, first, middle):

**Trailblazer Award Application Checklist**

At least 1 Indiana-based community partner and 1 Indiana-based university partner

Partners designated as either the Community Lead or the University Lead

Neither Community Lead nor University Lead has received salary support from CHeP in the past 24 months (other than pilot award support or Purdue Extension Educator cost-sharing)

University Lead is “full-time” (>80% FTE) faculty member employed by an academic or research institution within Indiana (Post-doctoral students, fellows and residents are not eligible as the Project Lead or Co-Lead)

Community Lead has ≥80% of primary work assignment based in community. If community partner receives salary support from academic institution, justification is included.

All individuals listed on application have joined [Indiana CTSI CHeP Network](https://indianactsi.org/community/chep/chep-network/)

Application includes cover page with signatures and IRB approval designation

Funding requested is specified and does not exceed $25,000

Application includes Summary/Abstract that is 300 words or less

Application has project description (Arial 11pt font, 1 in margins) that is 6 pages or less

If applicable, application explains how project complements other CHeP supported work

Application includes project timeline with proposed project period 24 months or less

Literature cited (Sources/References/Bibliography)

Budget and budget justification are provided for each partner

Budget only includes direct costs (facilities, administrative, and indirect costs not allowed, no equipment >$5,000, only in-state travel)

Biosketch, resume, or CV included for each Community Lead and University Lead

Letters of support (maximum of 3 letters of support)

Response to request to use application for educational purposes

Response to demographic information questions

Community Lead (Last, first, middle): University Lead (Last, first, middle):

**May we use your application (with names, organizations, and geographic locations removed) for educational purposes?**

Yes

No

**Which of these best describe the race/ethnicity of the Community Lead of this project? Select all that apply.**

**American Indian, Native American, or Alaska Native** *(For example: Aztec, Blackfeet Tribe, Mayan, Navajo Nation, Native Village of Barrow (Utqiagvik) Inupiat Traditional Government, Nome Eskimo Community, etc.)*

**Asian** *(For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Pakistani, Vietnamese, etc.)*

**Black, African American, or African** *(For example: African American, Ethiopian, Haitian, Jamaican, Nigerian, Somali, etc.)*

**Hispanic, Latino, or Spanish** *(For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran, etc.)*

**Middle Eastern or North African** *(For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian, etc.)*

**Native Hawaiian or other Pacific Islander** *(For example: Chamorro, Fijian, Marshallese, Native Hawaiian, Tongan, etc.)*

**White** *(For example: English, European, French, German, Irish, Italian, Polish, etc.)*

**Other** please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which of these best describe the race/ethnicity of the Academic Lead of this project? Select all that apply.**

**American Indian, Native American, or Alaska Native** *(For example: Aztec, Blackfeet Tribe, Mayan, Navajo Nation, Native Village of Barrow (Utqiagvik) Inupiat Traditional Government, Nome Eskimo Community, etc.)*

**Asian** *(For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Pakistani, Vietnamese, etc.)*

**Black, African American, or African** *(For example: African American, Ethiopian, Haitian, Jamaican, Nigerian, Somali, etc.)*

**Hispanic, Latino, or Spanish** *(For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran, etc.)*

**Middle Eastern or North African** *(For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian, etc.)*

**Native Hawaiian or other Pacific Islander** *(For example: Chamorro, Fijian, Marshallese, Native Hawaiian, Tongan, etc.)*

**White** *(For example: English, European, French, German, Irish, Italian, Polish, etc.)*

**Other** please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR RESPONSE TO THE ABOVE THREE QUESTIONS WILL NOT AFFECT THE REVIEW PROCESS IN ANY WAY**