# INDIANA TRAUMATIC SPINAL CORD & BRAIN INJURY PROGRAM GRANT

### AN INITIATIVE FUNDED BY

### INDIANA STATE DEPARTMENT OF HEALTH

**IN ACCORDANCE WITH INDIANA CODE IC 16-41-42.2**

**Submission Due Date: July 29, 2021**

**PLEASE BE ADVISED THAT THIS IS CONSIDERED AN EXTERNAL GRANT AND SHOULD BE ROUTED AND SIGNED BY THE APPROPRIATE INSTITUTIONAL OFFICIAL PRIOR TO UPLOADING**

**For IU / IUPUI / IUSM this means it must be routed through ORA**

**For Purdue and Notre Dame follow appropriate procedures**

*Please note that* ***YOU*** *will be submitting through the Indiana CTSI’s grants management software WebCAMP. Please allow enough time to be familiar with the system.*

*The WebCAMP user’s guide is also available under the funding announcement here:* <https://indianactsi.org/translational-research-development/open-funding-opportunities/>

Questions please contact Julie Driscol at [judrisco@iu.edu](mailto:judrisco@iu.edu) / 317-278-2822

**INDIANA TRAUMATIC SPINAL CORD AND BRAIN INJURY PROGRAM GRANT**

**2021 APPLICATION**

PRINCIPAL INVESTIGATOR: MD PhD MD / PhD RANK

eRA COMMONS: ORCID ID: EMAIL:

INSTITUTIONAL AFFILIATION:  DEPARTMENT, and SCHOOL:

ADDRESS WHERE WORK WILL BE PERFORMED:

TITLE OF PROPOSAL:

BUDGET PERIOD (maximum 24 months): From: **12/01/2021** (Month/Day/Year) To: (Month/Day/Year)

AMOUNT REQUESTED: Total $ **Note**: Indirect costs are not allowed. Funding may not exceed $150,000 in total / $75,000 per year

INSTITUTIONAL LEGAL NAME: INSTITUTIONAL EIN: INSTITUTIONAL ADDRESS:

CONTRACT CONTACT NAME: CONTRACT CONTACT TITLE: CONTRACT CONTACT EMAIL:

CONTRACT CONTACT PHONE:

REQUIRED SIGNATURES: The undersigned agrees 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. **Funding for this award will come from the Indiana Department of Health and should be considered an external funding award. Therefore please ensure appropriate institutional review.**

APPLICANT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPED NAME AND TITLE OF APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTITUTIONAL OFFICIAL\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*by this signature you are attesting to approval and support of the time and effort specified by the PI on this application.

TYPED NAME AND TITLE OF INSTITUTIONAL OFFICIAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTITUTIONAL OFFICIAL EMAIL: INSTITUTIONAL OFFICAL PHONE:

\*\*\*\* PI MUST UPLOAD via the ‘Start a submission’ link [CTSI ISCBIR Program Link](https://indianactsi.org/translational-research-development/open-funding-opportunities#ISCBIRP202107)

Principal Investigator/Program Director (Last, first, middle): **YEAR 1**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILED BUDGET FOR YEAR 1 BUDGET PERIOD**  **DIRECT COSTS ONLY** | | | | | | FROM  12/01/2021 | | 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 |
|  | Principal  Investigator |  |  |  |  | |  | | |  |
|  | Collaborator |  |  |  |  | |  | | |  |
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| **SUBTOTALS** | | | | |  | |  | | |  |
| CONSULTANT COSTS | | | | | | | | | |  |
| SUPPLIES | | | | | | | | | |  |
| TRAVEL | | | | | | | | | |  |
| PATIENT CARE COSTS | | | | | | | | | |  |
| OTHER EXPENSES | | | | | | | | | |  |
| TOTAL DIRECT COSTS FOR YEAR 1 BUDGET PERIOD | | | | | | | | |  | |

BUDGET JUSTIFICATION:

Principal Investigator/Program Director (Last, first, middle): **YEAR 2**

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| **DETAILED BUDGET FOR YEAR 2 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 |
|  | Principal  Investigator |  |  |  |  | |  | | |  |
|  | Collaborator |  |  |  |  | |  | | |  |
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| **SUBTOTALS** | | | | |  | |  | | |  |
| CONSULTANT COSTS | | | | | | | | | |  |
| SUPPLIES | | | | | | | | | |  |
| TRAVEL | | | | | | | | | |  |
| PATIENT CARE COSTS | | | | | | | | | |  |
| OTHER EXPENSES | | | | | | | | | |  |
| TOTAL DIRECT COSTS FOR YEAR 1 BUDGET PERIOD | | | | | | | | |  | |

BUDGET JUSTIFICATION:

Principal Investigator/Program Director (Last, first, middle):

**ABSTRACT, KEYWORDS**

Principal Investigator/Program Director (Last, first, middle):

**GOALS**

PLEASE FOLLOW RFA GUIDELINES

Principal Investigator/Program Director (Last, first, middle):

**PLAN (**PLEASE FOLLOW RFA GUIDELINES)

Principal Investigator/Program Director (Last, first, middle):

**Outcomes / Milestones, Timeline and Future Directions (**PLEASE FOLLOW RFA GUIDELINES)

OMB No. 0925-0001 and 0925-0002 (Rev. 03/2020 Approved Through 02/28/2023)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | Completion Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

**B. Positions and Honors**

**C. Contributions to Science**

**D. Additional Information: Research Support and/or Scholastic Performance**

Please refer to NIH [PHS398 application instructions document](http://grants.nih.gov/grants/funding/phs398/phs398.doc) for information on completing the biographical sketch and other support pages. Actual NIH forms can be used in place of the ones provided here, for the biographical sketch and other support.