# INDIANA TRAUMATIC SPINAL CORD & BRAIN INJURY RESEARCH FUND GRANT PROGRAM

### AN INITIATIVE FUNDED BY

### INDIANA STATE DEPARTMENT OF HEALTH

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

**Submission Due Date: December 2, 2019**

*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 / 317-278-2822

May 2019

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

**2020 APPLICATION**

PRINCIPAL INVESTIGATOR: **[ ]** MD **[ ]** PhD **[ ]** MD / PhD eRA COMMONS:

RANK, DEPARTMENT, and SCHOOL, if appropriate: EMAIL:

INSTITUTIONAL AFFILIATION:  INSTITUTIONAL EIN or DUNS NUMBER:

ADDRESS WHERE WORK WILL BE PERFORMED:

TITLE OF PROPOSAL:

[ ]  BASIC SCIENCE APPLICATION

[ ]  CLINICAL RESEARCH APPLICATION

[ ]  EARLY COMMERCIALIZATION APPLICATION

[ ]  CLINICIAN APPLYING CONDUCTING BASIC RESEARCH

[ ]  PRIORITY APPLICATION (see page 1 of RFA for definition - This should be justified in the application)

[ ]  RESUBSISSION

BUDGET PERIOD (maximum 24 months): From:  (Month/Day/Year) To: (Month/Day/Year)

AMOUNT REQUESTED: Total $

**Note**: Indirect costs are not allowed. Funding may not exceed:

* $160,000 in total / $80,000 per year for basic science proposals
* $200,000 in total / $100,000 per year for projects using human subjects, human biological samples, or data from human subjects
* $100,000 in total for one year for those projects targeting early commercialization.

 APPROVAL

 YES NO PROTOCOL # DATE PENDING

RECOMBINANT DNA? **[ ]**  **[ ]**  **[ ]**

HUMAN SUBJECTS? **[ ]**  **[ ]**  **[ ]**

VERTEBRATE ANIMALS? **[ ]**  **[ ]**    **[ ]**

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 State Board 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UPLOAD via the ‘Start a submission’ link here [CTSI ISCBIR Link](https://indianactsi.org/translational-research-development/open-funding-opportunities%22%20%5Cl%20%22ISCBIR201912)

For questions contact the Indiana CTSI @ 317-278-2822 or judrisco@iu.edu

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

|  |  |  |
| --- | --- | --- |
| **DETAILED BUDGET FOR YEAR 1 BUDGET PERIOD****DIRECT COSTS ONLY** | FROM      | THROUGH      |
| PERSONNEL *(Applicant organization only)* |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | TYPEAPPT.*(months)* | EFFORTONPROJ. | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PrincipalInvestigator |     |     |      |      |      |      |
|       | 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 ONPROJECT | TYPEAPPT.*(months)* | EFFORTONPROJ. | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PrincipalInvestigator |     |     |      |      |      |      |
|       | 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 AND (IF APPLICABLE) PRIORITY APPLICATION JUSTIFICATION**

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

**SPECIFIC AIMS**

PLEASE FOLLOW RFA GUIDELINES

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

**RESEARCH PLAN (**PLEASE FOLLOW RFA GUIDELINES)

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

**FUTURE DIRECTIONS (**PLEASE FOLLOW RFA GUIDELINES)

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

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 DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**Please refer to the Biographical Sketch sample in order to complete sections A, B, C, and D of the Biographical Sketch.**

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

**C. OTHER SUPPORT**: Provide active support for the **Principal Investigator and any key personnel**. Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards. Training awards, prizes, or gifts do not need to be included.

It is critical that the Other Support page be clear and detailed, and include funding through program projects, centers, joint grants, and other programs as well as the role of the person in each grant and any potential overlap. Both Active and Pending support should be listed.

Include all information noted below for each proposal / award:

|  |
| --- |
| **NAME OF INDIVIDUAL****ACTIVE / PENDING** |
| **Project Number****Source****Title** | **Dates of Project****Annual Direct Cost** | **Person Months (Cal / Academic / Summer)** |
| **Major Goals of Project****Overlap** |

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.