

# Chronic Brain Injury Program

## Partnership & Engagement Grants

The Chronic Brain Injury Award Program (CBI) is seeking proposals for projects supporting Ohio State's land-grant mission that develop and deepen relationships with community members and organizations to enhance research recruitment, translation, and strategic partnerships that advance the prevention, detection, and treatment of brain injuries.

CBI Partnership & Engagement Grants (PEGs) will support new transdisciplinary research projects involving local, regional, and national community and industry partners. Successful applications will show strong probability of measurably benefiting target community members, securing sustainable and/or extramural funding, and increasing Ohio State's visibility and national reputation as a land-grant institution.

### Guidelines

**Eligibility:** Applicant teams must be led by a CBI Faculty Affiliate, and must feature one or more external partners. Applicant teams featuring faculty from multiple Ohio State colleges are encouraged. Nationwide Children's Hospital faculty are considered as representing a distinct college separate from the Ohio State College of Medicine, but not a community partner. Department Chairs and Center/Institute Directors are not eligible to apply as team leads.

**Proposals:** Applicants must propose new projects that provide measurable research or educational benefits for target communities. Proposals will consist of an application and budget form (pages 2-5) with an attached proposal narrative (maximum 3 pages) describing the following components:

- Project aims
- Significance and impact relevant to Ohio State's land-grant mission
- Project team member qualifications and roles
- Brief description of the intended benefits for community members
- Brief description of the intended benefits for researchers within CBI key research areas
- Plans for sustainable project funding to pursue within two years
- Applicant team lead must be a CBI faculty affiliate

Preference will be given for applications which include:

- Applicant teams featuring CBI Faculty Affiliates from multiple Colleges or translational collaborations
- Direct engagement with brain injury survivors
- Ohio-based partner organizations
- Large and/or strategic partnerships.

**Budget:** A total of \$50,000 is available to applicant teams each year, with a goal of funding 1-2 projects. Applicants must provide matching cash and/or in-kind funds of at least 25% of total project costs. Project funds will be awarded to Ohio State project team members, and may be used for project activities, investigator or student effort, or necessary equipment or facilities.

**Reviews:** Applicants will be reviewed and selected for funding by CBI leadership in consultation with the CBI advisory board, and community members. Selected projects will receive funding once all IRB or other relevant approvals have been submitted to the CBI staff.

### Requirements for Funded Projects

Award funds are limited to one-time support for the project with a maximum value of \$50,000. Projects will be funded for one calendar year, and no-cost extensions may be granted with approval by CBI program staff.

**By accepting a CBI Partnership & Engagement Award, the applicants agree to the following:**

- CBI support will be acknowledged in any materials, presentations or publications arising from this work.
- A final report will be submitted by deadlines indicated in the notice of award.
- CBI must be listed on Ohio State ePA-005 forms (at 0% award and 0% expenditure credit) for any extramural proposals arising from this work.
- Project teams must present their project within one year of project end at a CBI-sponsored event.

### Important Dates

|                  |                    |
|------------------|--------------------|
| February 1, 2023 | RFP Release        |
| March 6, 2023    | Applications Due   |
| March 24, 2023   | Awards Announced   |
| May 1, 2023      | Project Start Date |



Questions?  
Contact [cbi@osu.edu](mailto:cbi@osu.edu)

Web: [discovery.osu.edu/cbi](http://discovery.osu.edu/cbi)  
Twitter: @OhioStateCBI  
Phone: 614-292-3137

# Chronic Brain Injury Program

## Partnership & Engagement Grant Application



Please complete this form, including the budget section, and attach your project proposal (no more than 3 pages excluding references). Submit as a single PDF document to [cbi@osu.edu](mailto:cbi@osu.edu).

Project Title:

Project Team: Please list all faculty and staff project team members, including representatives from partner organizations. Indicate which team members will serve as co-principal investigators or co-investigators.

| FULL NAME | EMAIL | DEPARTMENT/COLLEGE OR INSTITUTION | Co-PI | Co-I |
|-----------|-------|-----------------------------------|-------|------|
|           |       |                                   |       |      |
|           |       |                                   |       |      |
|           |       |                                   |       |      |
|           |       |                                   |       |      |
|           |       |                                   |       |      |
|           |       |                                   |       |      |
|           |       |                                   |       |      |

Which types of collaborations are featured in this project? (select all that apply)

- Interdisciplinary collaboration featuring at least two Ohio State colleges and/or Nationwide Children's Hospital
- Translational collaboration featuring basic and clinical scientists
- Transdisciplinary collaboration involving and external industry or community partner (required)

Is this a new collaboration?

Yes  No

Has this project previously received funding?

Yes  No

Which sources are providing matching funds for this project? (cash and/or in-kind contributions)

What is the total amount of funding requested for this project?: (max. \$50,000.00)

continued on next page

**With which key research area does this project most closely align?**

- Discovery  
*Understanding and characterizing injury mechanisms through cellular, behavioral, and cognitive neuroscience*
- Assessment  
*Enhancing monitoring, detection, and screening of injury markers through technology, software, and data development*
- Recovery  
*Advancing treatment and rehabilitation through neural regeneration, drug development, and novel rehabilitation strategies*
- Systems  
*Integrating discoveries, technologies, and therapeutics within clinical, socioeconomic, and legal environments*

**Which of the following statements apply to this proposal?** *select all that apply*

- This project will directly engage target community members.
- This project will enhance partnerships between Ohio State and Ohio-based industry or community organizations.

This project will directly provide an educational or resource benefit to target .

**Certification:** *please read the following policies and sign the application form below*

**Matching Funds:** The project team will provide cash or in-kind contributions of at least 25% the total project cost.

**Reporting:** The project team will submit required progress and final reports by the dates indicated in the grant guidelines.

**Time:** The program team members will have sufficient protected research time to accomplish the project.

**Acknowledgment:** CBI financial support will be acknowledged in any materials, presentations or publications arising from this work. CBI worktag **CC10681** must be listed on Ohio State PA-005 forms (at 0% award and 0% expenditure credit) for any extramural proposals arising from this work.

**Compliance:** The co-PIs acknowledge that failure to comply with project requirements will result in full reimbursement to CBI of project funds.

\_\_\_\_\_  
Primary Investigator

\_\_\_\_\_  
Partner Organization Representative  
*(print name)*

\_\_\_\_\_  
Partner Organization Representative  
*(signature)*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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## Budget Form

Please describe the proposed project budget using this form. In sections 1-5, please refer to the costs and totals associated with requested funds only. In sections 6-7 and 9, please indicate matching funds. In section 8, please sum requested and matching funds for total project budget.

### 1. Personnel Costs

| NAME                    | DEPT / PROGRAM / MAJOR | % EFFORT | ANNUAL SALARY + BENEFITS | TOTAL |
|-------------------------|------------------------|----------|--------------------------|-------|
|                         |                        |          |                          |       |
|                         |                        |          |                          |       |
|                         |                        |          |                          |       |
|                         |                        |          |                          |       |
|                         |                        |          |                          |       |
|                         |                        |          |                          |       |
| <b>Personnel Total:</b> |                        |          |                          |       |

### 2. Services: core services, statistical services, patient care costs, etc. *(itemize below)*

|                        |  |
|------------------------|--|
|                        |  |
|                        |  |
|                        |  |
|                        |  |
|                        |  |
|                        |  |
| <b>Services Total:</b> |  |

### 3. Equipment & Supplies *(itemize below)*

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
| <b>Equipment &amp; Supplies Total:</b> |  |

|   |  |
|---|--|
| <b>4. Other Costs</b> <i>(itemize below)</i>  |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| <b>Other Costs Total:</b>   |  |
| <b>5. Total Requested Funding:</b> <i>must be ≤\$50,000.00</i>  |  |
| <b>6. Matching Funds:</b> <i>cash and in-kind contributions (provide description / rationale for in-kind contributions)</i> |  |
|   |  |
|   |  |
|   |  |
|   |  |
| <b>7. Total Matching Funding:</b> <i>must be ≥25% of total project budget</i>   |  |
| <b>8. Total Project Budget:</b>   |  |
| <b>9. Provide a description and rationale for any in-kind contributions toward matching funds.</b>                          |  |
|   |  |