

Chronic Brain Injury Program Pilot Award Application



Please complete this form, including the budget section, and attach your research proposal (no more than 5 pages excluding references). Submit as a single PDF document to cbi@osu.edu.

Project Title:

Project Team: Please list all faculty and staff project team members. 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 type of collaboration best describes the investigator team?

- 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 external industry or community partners (list partner names in project team above)

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 CBI Pilot Award funding requested for this project?: (max. \$25,000.00)

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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 develop or significantly enhance a technology, process, or method.
We will refer this proposal to Ohio State's Technology Commercialization Office for a prospective review.
- This project represents an underdeveloped research area with high potential for competition.
We will limit the visibility of the project details for six or more months to
- This project will directly provide an educational or resource benefit to communities.

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

Matching Funds: The co-PIs will provide matching cash and in-kind contributions to equal or exceed the requested funding to initiate a novel project.

Reporting: The co-PIs 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.

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

Next Steps: Extramural funding applications advancing this work AND manuscripts for peer-reviewed publication in scholarly journals arising from this work will be submitted no later than two years from funding start. Project teams must present their project within one year of project end at a CBI event.

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

Primary Investigator 1

Primary Investigator 2

Primary Investigator 3 (*optional*)

Date: _____

Date: _____

Date: _____

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CBI Pilot Award 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. You may attach a 1-page budget narrative.

1. Personnel Costs *(salaries for tenure-track faculty are not permitted)*

NAME	DEPT / PROGRAM / MAJOR	% EFFORT	ANNUAL SALARY + BENEFITS	TOTAL
Personnel Total:				

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

Services Total:	

3. Equipment & Supplies *(itemize below)*

Equipment & Supplies Total:	

4. Other Costs <i>(itemize below)</i>	
Other Costs Total:	
5. Total Requested Funding: <i>must be ≤\$25,000.00</i>	
6. Matching Funds: <i>cash and in-kind contributions (provide description / rationale for in-kind contributions)</i>	
7. Total Matching Funding: <i>must be equal to or greater than Total Requested Funding</i>	
8. Total Project Budget:	
9. Provide a description and rationale for any in-kind contributions toward matching funds. Note, salaries for tenure-track faculty are not allowed as matching funds.	