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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.

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?

- 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

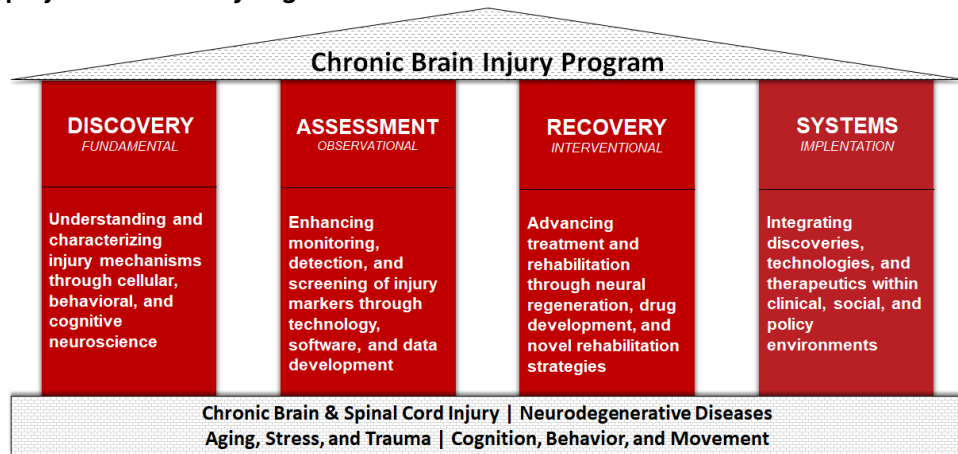
Which sources are providing matching funds for this project? (cash and/or in-kind contributions)

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
- Assessment
- Recovery
- Systems



Chronic Brain Injury Program key research domains.

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

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

This project will directly engage target community members

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

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: _____

continued on next page

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
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 *(itemize below)*

Other Costs Total:

5. Total Requested Funding: *must be ≤\$50,000.00*

6. Matching Funds: *cash and in-kind contributions (provide description / rationale for in-kind contributions)*

7. Total Matching Funding: *must be ≥25% of total project budget*

8. Total Project Budget:

9. Provide a description and rationale for any in-kind contributions toward matching funds.

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