

Chronic Brain Injury Program

Partnership & Engagement Grants

The Chronic Brain Injury Award Program (CBI) awards interdisciplinary and multi-college teams of investigators to complete research and outreach projects that support Ohio State's land-grant mission. Successful projects will develop and deepen relationships with community members and organizations to enhance research recruitment, translation, implementation, and relationships relevant to CBI key research domains.

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 may apply as team leads.

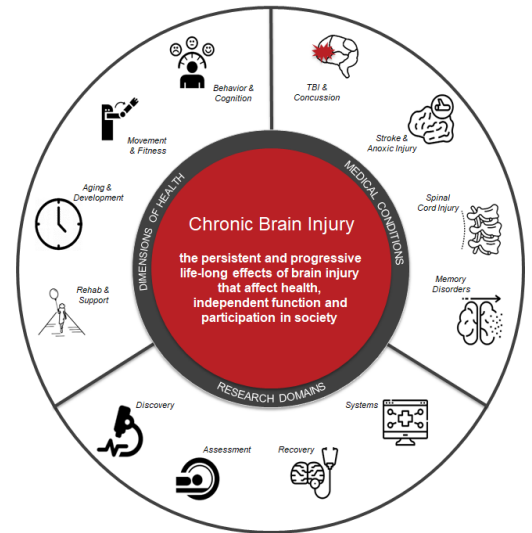
Proposals: Applicants must propose new projects that provide measurable research or educational benefits for target communities. Proposals will consist of an application and budget form (see pages 2-5) with an attached proposal narrative (maximum 3 pages) describing the following components: project 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 and researchers within CBI key research areas; Plans for sustainable project funding to pursue within two years.

Preference will be given for applications which include:

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

Budget: A pool 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 scored by a committee of faculty, staff, and community members. Projects will be selected for funding by CBI leadership in consultation with the CBI advisory board. Selected projects will receive funding once 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, 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

October 1, 2023

RFP Release

December 8, 2023

Applications Due



Questions?
Contact cbi@osu.edu

Web: 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.

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

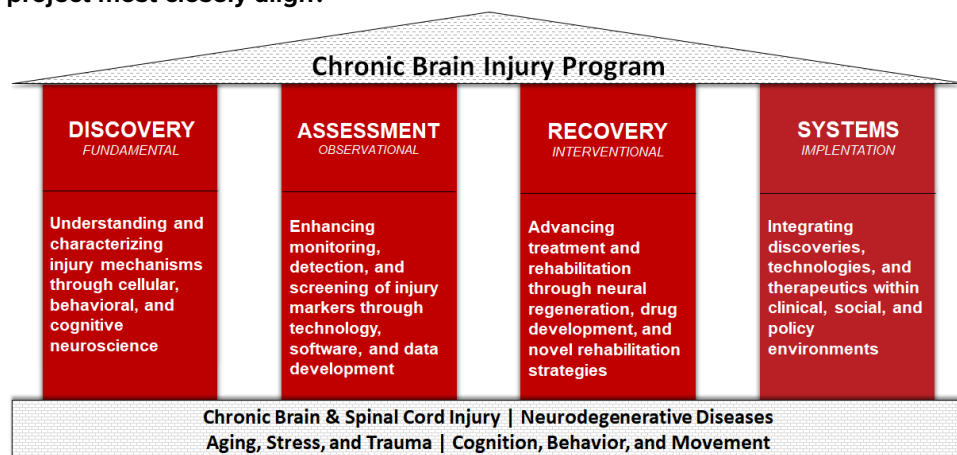
Which sources are providing matching funds for this project? (cash and/or in-kind contributions)

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

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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: _____

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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
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.	