

INDIANA SPINAL CORD & BRAIN INJURY FUND
RESEARCH GRANT PROGRAM

AN INITIATIVE FUNDED BY

**INDIANA STATE DEPARTMENT OF HEALTH
IN ACCORDANCE WITH INDIANA CODE 16-41-42**

Submission Due Date: Monday, May 21, 2012 @ 5pm

March 2012

INFORMATION FOR APPLICANTS:

GENERAL

The state of Indiana established the research fund known as the Spinal Cord and Brain Injury Fund effective July 1, 2007. This fund, established under Indiana Code (IC) 16-41-42-4, will consist of appropriations, gifts and bequests, fees deposited in the fund under IC 9-29-5-2, and grants received from the federal government and private sources. These funds will be utilized to 1) establish and maintain a state medical surveillance registry for traumatic spinal cord and brain injuries; 2) fulfilling the duties of the board; and 3) funding research related to treatment and cure of spinal cord and brain injuries. The fund is expected to generate approximately \$1.6 million per year, with the majority of money generated to be allocated to research projects.

This application package is designed for all researchers wishing to submit proposals for research projects / programs to be funded under item 3 noted above. Final funding decisions for all proposals submitted under this program will be made by the Spinal Cord and Brain Injury Research Board, consisting of nine members as defined in section 5(a) of IC 16-41-42. The board will make these decisions after receiving input from an independent scientific advisory panel comprising scientists and clinicians who are not members of the board. This advisory panel will review proposals and make recommendations to the board.

The overall objective of this program is to foster and encourage research for the prevention, treatment and cure of spinal cord and brain injuries, including acute management, medical complications, rehabilitative techniques, and neuronal recovery. Collaborations are encouraged with Indiana-based researchers as well as researchers located outside the state of Indiana, including researchers in other countries. Research must be conducted in compliance with all state and federal laws.

Because the nature and scope of the research proposed may vary, it is anticipated that the size of each award may also vary. Awards pursuant to this RFA are contingent upon the availability of funds and the receipt of a sufficient number of meritorious applications. Applications to this program are considered small grants and should have a maximum requested amount of \$60,000 per year, including indirects. All applications should be limited to two-year duration. (Note: Second year funding dependent upon adequate progress report for first year.)

WHO MAY APPLY

Eligible lead Institutions / organizations are located within the Indiana and fall into one or more of the following categories: public/state controlled Institution of higher education; private institution of higher education; nonprofit with 501(c)(3) IRS status (other than institution of higher education); nonprofit without 501(c)(3) IRS status (other than institution of higher education); small business; for-profit organization (other than small business); state government; U.S. territory or possession;

Indian/Native American Tribal Government (Federally Recognized); Indian/Native American Tribal government (other than federally recognized); Indian/Native American Tribally Designated Organization; non-domestic (non-U.S.) entity (foreign organization); Hispanic-serving institution; historically black colleges and universities (HBCUs); Tribally Controlled Colleges and Universities (TCCUs); Alaska Native and Native Hawaiian Serving institutions; regional organization eligible agencies of the federal government; and faith-based or community based organizations.

Eligible principal investigators must have the skills, knowledge, and resources necessary to carry out the proposed research.

Collaborations with other individuals and institutions throughout the United States and internationally are encouraged.

RESTRICTIONS

1. Successful applications will be relative to the topic of spinal cord and brain injury and have high scientific merit.
2. Requested grant funding period cannot exceed 24 months.
3. The principal investigator must be affiliated with an Indiana-based research institution / organization.

MECHANISM FOR SUBMISSION OF APPLICATION

Applications will be considered one time per year. **Submission due date is Monday, May 21, 2012 at 5:00pm.** Applications will be assigned for review at the next scheduled meeting of the scientific advisory panel. Awards will be announced in late July, and the contracts distributed shortly thereafter. Therefore, the start date of the project period should be no earlier than August 1, 2012.

Application forms are available at <http://www.in.gov/isdh/23657.htm> or www.indianactsi.org/grants

For questions about this program, please contact the Indiana Clinical and Translational Sciences Institute (CTSI), Health Information and Translational Sciences Building, 410 West Tenth Street, Suite 1100, Indianapolis, IN 46202. Telephone number 317-278-2874.

One original and one electronic copy of the application must be submitted.

Completed signature pages should be submitted in the hard copy original; they need not be provided in the electronic copy. Electronic copy may be on CD or zipdisk and mailed along with the original application to the address noted on the cover page form. Other options for submitting the electronic copy include email to ictsi@iupui.edu or uploaded online at www.indianactsi.org/grants.

Applications will follow this sequence:

- Page 1.** Face page, which specifies the title of the proposal, principal investigator and his/her institutional affiliation, where work will be performed, and the total budget.
- Page 2-3.** Budget pages listing the direct costs for all personnel. Supplies and other costs must relate directly to performance of the project. All costs should be specifically justified (limit justification to 1/2 page for each budget year).
- Page 4-13.** Research Plan should be typed on 8 ½ x 11 white paper with at least 1 inch margins and is not to exceed **10 double-spaced pages**. Type size must be clear and readily legible and reasonable size, at least 12 point.

The Research Plan should address the project period and funding requested, show the scope of the overall project and justify how the proposed project will aid in finding a treatment or cure for spinal cord and brain injury. It is to the applicant's advantage to focus and establish priorities for the proposed project period. These priorities should be made clear in all relevant sections of the Research Plan.

The application narrative should be structured in accordance with the following format:

- A. Introduction:** State the overall objective or goal of the proposed research. Review the most significant previous work and describe the current status of research in the field. Document with references. Describe any preliminary work the principal investigator / collaborator has done which led to this proposal.
- B. Specific Aims:** List the specific aims.
- C. Methods of Procedure:** Give details of the research plan, including a description of the experiments or other work proposed; the methods; species of animals, techniques to be used; the kinds of data expected to be obtained; and the means by which the data will be analyzed or interpreted. If clinical studies are involved, give details of responsibility for patient selection and patient care. Include a discussion of pitfalls that might be encountered, and of the limitations of the procedures proposed. Point out any procedures, situations, or materials that may be hazardous to personnel and the precautions to be exercised. Insofar as possible, describe the principal experiments or observations in the sequence in which they will be conducted, and indicate a tentative schedule of the main steps of the investigation.

- D. **Significance:** What is the potential importance of the proposed project? Discuss any novel ideas or contributions that the project offers. Make clear the potential importance of the proposed project for stimulating further research or attracting federal grant support.
- E. **Facilities Available:** Describe the facilities available for this project including laboratories, clinical resources, office space, animal quarters, etc. List major items of equipment available for this work.
- F. **Collaborative Arrangements:** If the proposed project requires collaboration with other investigators, describe the collaboration and provide evidence to assure the reviewers that the other collaborators agree (letters of support in the addendum).
- G. **Appendices:**

Page 14. Principal Investigator / Institutional Assurance:
At the conclusion of the description of the proposed project, the following statement should be inserted:

“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.”

Date	Principal Investigator
Date	Institution

Page 15. Senior / Key personnel listing.

Page 16-18. Biographical sketch of the principal investigator and senior / key personnel including his/her bibliographies; 4-page maximum for each individual.

Page 19-21. Other support of the principal investigator and key personnel that is relevant to the proposed project; 3- page maximum for each individual.

Page 22. A copy of the lead institution’s Facilities & Administration Rate Agreement is required if indirect costs are being requested.

Additional Appendices are allowed and may contain such items as letters of agreement from collaborators, letters of support from inside / outside the applicant institution, additional scientific materials, diagrams, etc...

The forms that follow are “locked” which means data may only be entered in gray areas. USE “TAB” TO MOVE FROM ONE AREA TO ANOTHER--AVOID USING “ENTER”.

**INDIANA SPINAL CORD AND BRAIN INJURY FUND
RESEARCH GRANT PROGRAM
2012 APPLICATION**

PRINCIPAL INVESTIGATOR:

RANK, DEPARTMENT, and SCHOOL, if appropriate:

INSTITUTIONAL AFFILIATION:

INSTITUTIONAL EIN or DUNS NUMBER:

TITLE OF PROPOSAL:

ADDRESS WHERE WORK WILL BE PERFORMED:

BUDGET PERIOD (maximum 24 months):

From: (Month/Day/Year)

To:

(Month/Day/Year)

AMOUNT REQUESTED:

DIRECT \$

INDIRECT \$ (maximum 17%)

TOTAL \$ (may not exceed \$120,000 in total or \$60,000 per year)

	YES	NO	APPROVAL PROTOCOL #	DATE
RECOMBINANT DNA?	<input type="checkbox"/>	<input type="checkbox"/>		
HUMAN SUBJECTS?	<input type="checkbox"/>	<input type="checkbox"/>		
VERTEBRATE ANIMALS?	<input type="checkbox"/>	<input type="checkbox"/>		
DOES THIS PROJECT INVOLVE CLINICAL RESEARCH?	<input type="checkbox"/>	<input type="checkbox"/>		

REQUIRED SIGNATURES:

APPLICANT SIGNATURE: _____

TYPED NAME AND TITLE OF APPLICANT: _____

INSTITUTIONAL OFFICIAL: _____

TYPED NAME AND TITLE OF INSTITUTIONAL OFFICIAL: _____

MAIL TO:

Indiana CTSI
Attn: Lisa Dinsmore
410 West Tenth Street, Suite 1100
Indianapolis, IN 46202
E-mail: ictsi@iupui.edu

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

YEAR 1

DETAILED BUDGET FOR YEAR 1 BUDGET PERIOD DIRECT COSTS ONLY					FROM	THROUGH	
PERSONNEL <i>(Applicant organization only)</i>		TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator						
	Collaborator						
SUBTOTALS →							
CONSULTANT COSTS							
SUPPLIES							
TRAVEL							
PATIENT CARE COSTS							
OTHER EXPENSES							
TOTAL DIRECT COSTS FOR YEAR 1 BUDGET PERIOD							

BUDGET JUSTIFICATION:

DETAILED BUDGET FOR YEAR 2 BUDGET PERIOD DIRECT COSTS ONLY					FROM	THROUGH	
PERSONNEL <i>(Applicant organization only)</i>		TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator						
	Collaborator						
SUBTOTALS →							
CONSULTANT COSTS							
SUPPLIES							
TRAVEL							
PATIENT CARE COSTS							
OTHER EXPENSES							
TOTAL DIRECT COSTS FOR YEAR 2 BUDGET PERIOD							

BUDGET JUSTIFICATION:

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

RESEARCH PLAN:

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

Principal Investigator / Institutional Assurance:

“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.”

Date

Principal Investigator signature

Date

Institutional Official signature

Principal Investigator/Program Director (Last, First, Middle):

SENIOR / KEY PERSONNEL REPORT

Project Title

All Senior / Key Personnel for the one year budget period must be listed below.

Name	Degree(s)	Role on Project (e.g. PI, Res. Assoc.)	Institutional Affiliation	Effort Devoted to Project		
				Cal	Acad	Sum

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

BIOGRAPHICAL SKETCH

Provide the following information for the **Principal Investigator and any key personnel**. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE
eRA COMMONS USERNAME	

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training and residency training if applicable.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY

- A. Personal Statement**
- B. Positions and Honors**
- C. Selected Peer-reviewed Publications**
- D. Research Support**

Please refer to NIH [PHS398 application instructions document](#) 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 these two forms only.

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](#) 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 these two forms only.