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| **Voucher Application Rubric** | |
| **Application Components** | **Criteria** |
| **Research Navigator Review - Meets Voucher Requirements** (If any of these requirements are not met, the application will receive an automatic **return** and encouraged to resubmit) | * **Two or more** CTSC institutional sites and faculty investigators AND/OR at LEAST one CTSC faculty investigator and one community partner investigator (within Ohio) * **Service must be selected** for requested funding (select “Other” for services not listed in Voucher Service Catalog) * Eligible **itemized quote(s)** of services including cost of each line item, financial contact, and clear information on how the voucher will be spent * **One page project summary** of a translational or clinical research study that aligns with central research goals * Voucher **budget is within $7,500** limit per application * **Investigator has no active Voucher Award in the past six months** * Services requested for **funding will be completed within 3 months** of award letter |
| **One Page Project Summary Proposal Elements** | |
| **Project Overview**  Hypothesis, rationale, aims, research plan/methods & innovation/translational impact | The project’s research question/hypothesis, specific aims, and research plan/methods are clearly articulated and easy to understand. Each institution's and investigator's responsibilities are well-defined, ensuring clarity in roles and fulfillment of the multi-institution requirement. Additionally, the project’s potential impact is clearly indicated. |
| **The Project Scientific Advancements and Dissemination** | The project will build research capacity and further advance science through publication of a peer-reviewed manuscript, preliminary data with grant submission proposed and/or a presentation at a nationally/internationally recognized conference, and/or support larger funding opportunities. |
| **Activities and Time**  **Frame** | Project services/activities requested for funding will be completed within 3 months of award letter. **The proposal must include a description of the 3-month timeline for spending Voucher Award funds in order to be considered.** Projects utilizing voucher funds for regulatory support (e.g. IRB, IND/IDE, FDA) must have regulatory application submitted within the 3-month period. **Projects that require** **IRB approval** to get started with services/activities supported by the voucher program must have IRB application already submitted prior to applying for a Voucher Award. |
| **Budget and Funding Utilization** | **Itemized** **quote** includes the cost of each service (e.g., flat rate or hourly rate), contact information for the service provider’s financial representative (responsible for invoicing), and contact information for the investigator or the individual for whom the services are intended. Quotes that do not contain the required information, will result in an automatic return of the Voucher application  ***Quote cannot include support for Principal Investigator salary.*** |

**One Page Project Summary**

**Project Title:**

**Principal Investigator:** (name and primary organization)

1. **Abstract (or Study Objective, if no abstract available)**
2. **Specific Aims and Hypothesis**
3. **Research Plan/Methods**

Please include a bulleted list of research activities you will perform to test your hypothesis that can be achieved with the budget and responsibility of partnering institution(s)/community partners. **Research plan must include a 3-month timeline.**

* Research Activities:
* Timeline:

1. **Innovation or Translational Impact**

Please also include how the voucher funds will support the success of your project, support the [mission of the UM1](https://case.edu/medicine/ctsc/sites/default/files/2024-09/CTSC%20DESCRIPTION.pdf), and future funding.

**CT CTSC Collaborative Voucher Service Quote - [ENTER CORE/ORGANIZATION HERE – REQUIRED]**

**To Recipient: From Service Provider:**

Name (Required) Name (Required)

Title Title

Institution (Required) Institution (Required)

Address Address

Email (Required) Email (Required)

Phone Phone

Date: (Required)

Study/Project Name: (Required)

Principal Investigator: (Required)

Investigator Primary Institution/Department: (Required)

INSTRUCTIONS: Fill in all required items and delete all instructional text in red before uploading to the Voucher application. An itemized list of services with hourly charges, fees, and costs associated with each item is required. Your voucher application may be returned if the quote is too general. A separate quote must be submitted for each service provider. Voucher services should be rendered and invoiced within 3 months from the award date. Voucher funds that are not utilized within 3 months may be rescinded. Voucher awardees are eligible for one voucher within a 6-month period following their award date.

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| **Service** | **Description** | **Cost** | **Quantity** | **Total** |
| *D&I Consultation-*  *general* | *Initial D&I Consultation: SPARC Service Request 6310; completed 3/26/2024* | *No Charge* | *1* | *-* |
| *D&I Qualitative- general* | *Advising for qualitative data collection and qualitative analysis for implementation outcomes. Duration (3 months): Once every 2 weeks for*  *3 months* | *$175/hour* | *6* | *$1,050* |
|  |  |  |  |  |
| *Total* | | | | ***$1,050*** |

**We would appreciate your acknowledgement on any poster, presentation, or publication submission by citing:**

*“This project was supported by the Clinical and Translational Science Collaborative of Northern Ohio which is funded by the National Center for Advancing Translational Sciences (NCATS) of the National Institutes of Health, UM1TR004528. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH."*

*When support from the CTSC will be acknowledged in a publication, the publication must be submitted to*[***PubMed Central***](http://publicaccess.nih.gov/submit_process.htm)*to comply with the*[***NIH Public Access Policy***](http://publicaccess.nih.gov/)*. Refer to these sites for submission requirements.*