CTSC Voucher Application Questions and Quote Templates.

The questions are below with explanations in *italics:*

There are three parts to the application:

1. Eligibility
2. Requested Categories of Science, and
3. the proposal

There are check-boxes, character-limited short answers, and .pdf uploads for necessary documentation.

These are the questions and requirements in order.

Section I: Eligibility Requirement

Required: SPARC ID

SPARC https://sparc.case.edu/ This database keeps track of requested CTSC services.

Required: *The statement requires the response correct or incorrect:* Faculty investigator, as the responsible party for project oversight, does not have an additional open voucher at this time.

A faculty investigator can apply for up to $15,000 in voucher funds a year. Additional applications will be accepted when current voucher project; progress reports and invoices are complete.

IRB/IACUC/FDA Regulation letters are required for applicable projects.

Because the voucher timeline is three months, all existing projects that require regulatory oversight must upload active approval letters from the relevant reviewing body (IRB, IACUC) to be considered. You can, however, request funds for regulatory services for developing projects.

Required: Translational Research Type

- ☐ T1 (Basic to Clinical):

  This stage focuses on translating basic scientific discoveries into potential clinical applications. It involves moving findings from the laboratory and preclinical studies into human trials.

- ☐ T2 (Clinical to Practice):
  This stage focuses on translating findings from clinical trials into everyday medical practice. It involves developing evidence-based guidelines and implementing them in clinical settings.
- ☐ T3 (Practice to Policy):
  This stage focuses on translating findings from clinical practice into policy changes. It involves disseminating research findings and promoting the adoption of best practices.
- ☐ T4 (Policy to Health):
  This stage focuses on translating policy changes into improved population health outcomes. It involves evaluating the impact of policies on health at a population level.

Study Design and Regulatory:

The next questions are about the specific categories of the proposed research and promote assessment of the regulatory requirements.

Required: Does your project involve:

- ☐ Animals
- ☐ Human Subjects and/or Human Health Data
- ☐ Pre-IRB Submission – Regulatory Submission Support
- ☐ None of the above

Required: What is the purpose of your study? Please select the option that best describes your research.

- ☐ Treatment Trials: Test new treatments, drugs, devices, or combinations (e.g., new cancer drug, surgical technique)
  - What is the Intervention Type of your study?
  - Drug or Biologic Trials
    - Phase 1: Safety and dosage
    - Phase 2: Efficacy and side effects
    - Phase 3: Comparison to standard treatments
    - Phase 4: Post-marketing surveillance
  - Device Trials
  - Social/Behavioral Trials (e.g., counseling, exercise)
  - Surgical Trials

- Radiation Trials
- Dietary/Supplement Trials
- Genetic Trials
- Prospective/Retrospective Data Study

- ☐ Prevention Trials: Test ways to prevent disease (e.g., vaccines, lifestyle changes).
- ☐ Diagnostic Trials: Assess new tests or procedures for diagnosing diseases or conditions.
- ☐ Screening Trials: Evaluate methods to detect diseases or health conditions early.
- ☐ Supportive Care (or Quality of Life) Trials: Explore ways to improve comfort and quality of life for patients with chronic illnesses.
- ☐ Basic Science Trials: Examine the mechanisms of disease or treatment at a fundamental level.
- ☐ Health Services Research: Study how care is delivered, accessed, and paid for.

Required: What is the study design

- ☐ Interventional (Experimental): Participants are assigned to receive specific interventions (e.g., randomized controlled trial).
- ☐ Observational: Researchers observe outcomes without assigning specific interventions.
- ☐ Randomized Controlled Trials (RCTs): Participants are randomly assigned to groups.
- ☐ Non-randomized Trials: Assignment is not random.
- ☐ Single-blind, Double-blind: Varying levels of masking for participants and researcher

Please upload the relevant IRB Approval Letter(s) for this project. If your project is multi-site, please combine approval letters into one document.

Required:

The voucher program requires that each academic collaborator holds a faculty position. Please upload the bio sketch for the primary faculty member on your study.

Upload bio sketch in .pdf

If your voucher includes an additional academic institution, the collaborator must hold a faculty position. Please upload the bio sketch for the second faculty. Vouchers with community partners are exempt from this requirement.

Upload bio sketch in .pdf

Required:

To expedite payments for your requested items, adequate, accurate, and signed quotes must be attached here. If multiple quotes are requested, please combine them into one file.

Many core services have their own quote template, and you are welcome to use theirs; however, the attached quote template has all the information necessary to assess feasibility, confirm authenticity, and accommodate payment in a timely manner.

Voucher quotes will be reviewed for viability within the three-month time period, therefore:

-Items requested must be available

-Contracted services must be completed within the three-month time period.

-All personnel must already be hired and available.

Please note that the quote indicates who will be paid by voucher funds. If you are requesting payment for an entity outside the university system, that entity/person will have to be set up as a vendor. If you have questions on that process, please contact Melissa Sowa: melissa.sowa@case.edu

Salary support for investigators is not a permissible expense for voucher funds.

NIH funds cannot pay entities outside the US.

Section II: Requested Services and Categories of Science.

Required: Please select the requested services for this voucher project. Choices:

- ☐ BERD (Biostatistics, Epidemiology and Research Design)
- ☐ Bioethics and Medical Humanities Research Consultation and Collaboration
- ☐ Community and Stakeholder Engaged (CSE) Research
- ☐ D&I (Dissemination & Implementation Accelerator)
- ☐ Participant payment/compensation/reimbursement
- ☐ Supplies/Materials –consumables necessary for and directly allocable to the project
- ☐ Personnel Salary – allowable personnel costs related to research support staff (salary support for investigators are not an allowable expense)
- ☐ Core Facilities/Resources – eligible core services necessary to conduct project activities.

- ☐ Other (describe)

Required: Please check any of the following relationships/collaborations included in this project

- ☐ Community Collaborations—Coalitions
- ☐ Community Collaborations--Community Members
- ☐ Community Collaborations--Community Organizations
- ☐ Inter-Departmental Collaborations
- ☐ Inter-Institutional Collaborations
- ☐ Inter-generational (Senior/Junior) Collaborations
- ☐ Industry Collaborations or Partnerships
- ☐ Local Government Collaborations

Required: Choose your anticipated Translational Science Benefits Model (TSBM) resulting from your study

Please choose all that apply.

- ☐ Clinical and Medical benefits
  - Diagnostic procedures
  - Investigative procedures
  - Guidelines
  - Therapeutic procedures
  - Biological technology
  - Drug
  - Equipment and supplies
  - Software technologies
- ☐ Community and Public Health
  - Community health services
  - Consumer software
  - Health education resources
  - Health care accessibility
  - Health care delivery
  - Health care quality
  - Disease prevention & reduction
  - Life expectancy & quality of life
  - Public health practices

- ☐ Economic benefits
  - License agreements
  - Non-profit or commercial entités & Patents
  - Cost effectiveness
  - Cost savings
  - Societal and financial cost illness
- ☐ Policy and Legislative benefits
  - Committee participation
  - Expert testimony
  - Scientific research reports
  - Legislation
  - Policies
  - Standards

Part III: Proposal
All fields are required.

Our Mission: The Clinical and Translational Science Collaborative of Northern Ohio aspires to be a catalyst for high quality clinical and translational science and transformative research to positively impact the health of those in Northern Ohio and beyond.
How does your project meet the expectations of the CTSC Mission?
2000-character limit.

Vouchers support the mission and aims of the CTSC of Northern Ohio and the goals of NCATS at NIH. All proposals should endeavor to demonstrate how their outcomes will improve translational science.

The Aims of The Clinical and Translational Science Collaborative of Northern Ohio are as follows. Please chose the CTSC aim(s) that your project supports and/or enhances.

- ☐ Aim 1. Identify the fundamental barriers to broad representation in research of all groups, including rural communities and senior citizens, and innovate, test and disseminate interventions aimed at breaking down these barriers.
- ☐ Aim 2. Facilitate and expedite innovation in multicenter clinical and translational research by fully integrating researchers and community collaborators to ensure that our research results in health improvements for all.

- ☐ Aim 3. Disseminate and implement findings from novel and responsive research programs across clinical and community settings to advance access to health interventions that aim to improve health outcomes.
- ☐ Aim 4. Create and disseminate high impact educational and training programs for translational research professionals of all disciplines and levels, both in clinical and community settings.

Provide the background/justification of your study. 2000 characters
A justification explains why the project is needed as a necessary step toward solving or improving an existing problem.

Provide the hypothesis/research question of your study. 2000 characters
A hypothesis or research question is a clear statement focusing on a specific idea or problem you want to explore.

Provide the specific aims/goals of and the milestones for your study. 2000 characters
These are your main project goals followed by the necessary steps marking your progress toward those goals. Together, they are what you plan to achieve and how you will measure your success. Your quote for services may provide valuable information for this section.

Feasibility in three months. Please provide a project timeline that demonstrates how the budgeted services will be completed. Ability to upload an image, no character limit.
A project timeline shows how your planned activities, needed resources, and key goals demonstrate an organized and realistic project.

Provide a budget justification for your requested funds. 2000 characters
A budget justification clearly explains why each item is needed and how it will help your project succeed.

Describe how will the results be disseminated and/or used to accelerate an additional funding opportunity. 2000 characters
How will your CTSC-funded work be shared, demonstrate the impact of the funds, and attract new opportunities for future funding and growth?

The voucher requires collaboration between at least two separate CTSC institutions or a CTSC institution and a community partner. Please describe 1.who you are partnering with

2.their primary affiliation and department 3. role on the project 4. and how each partner is an integral component in this project (roles and responsibilities). 5000 characters

The collaboration demonstrates that each partner is a vital part of the project, each institution or community partner brings unique strengths, and working together creates a project that could not be completed without the partnership. Details about each partner indicate their inclusion is necessary and expertise relevant.

Required Please provide the primary institution of the individual submitting the voucher.

- ☐ Case Western Reserve University
- ☐ Cleveland Clinic Foundation
- ☐ MetroHealth Medical Centers
- ☐ Northeast Ohio Medical University
- ☐ University Hospital Healthcare Systems
- ☐ University of Toledo

Required Please provide the additional partner institution(s) of collaborators.

- ☐ Case Western Reserve University
- ☐ Cleveland Clinic Foundation
- ☐ MetroHealth Medical Centers
- ☐ Northeast Ohio Medical University
- ☐ University Hospital Healthcare Systems
- ☐ University of Toledo
- ☐ Community Partner
    - Name of Community Partner Organization

End of Application

CASE WESTERN RESERVE UNIVERSITY
Clinical and Translational Science Collaborative

Cleveland Clinic | University Hospitals | MetroHealth

VA U.S. Department of Veterans Affairs Veterans Health Administration VA Northeast Ohio Healthcare System | The University of Toledo | Northeast Ohio Medical University

CTSC Collaborative Voucher Quote

To Recipient
Name:
Title:
Institution/
Organization: Address:
Email:
Phone:

From Service Provider
Name:
Title:
Institution/Organization:
Address:
Email:
Phone:

This quote is accurate through the following date:

Signature of Service Provider: Date

Study/Project Name:

Principal Investigator

Primary Institution/Department

Service	Description	Unit Cost	Quantity	Total
			Total	

Cite the following on any product of this research: "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."