

# The UPMC Rehabilitation Institute Pilot Grant

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## **2024 CYCLE REQUEST FOR APPLICATIONS**

This year the Rehabilitation Institute Pilot Grant program will award one or more proposals at a maximum of \$35,000 in direct costs per proposal with a performance period of 12 months.

### **Key Dates**

**RFA Release Date:** August 21, 2023

**Letter of Intent Due:** March 11, 2024

**Invitation to Submit Sent:** March 12, 2024

**Application Due Date:** April 22, 2024

**Anticipated Award Date:** June 12, 2024

**Funding Start Date:** July 1, 2024

### **Letter of Intent**

A letter of intent should be submitted by the specified due data and include:

- Project title and project aims
- PI and Co-Is with department affiliation

### **Application Information**

An investigator may submit only one application as principal investigator (but may be a co-investigator or consultant on a separate application submitted at the same time).

The application should be compiled into one pdf document in the following order ([NIH PHS 398 required where indicated](#)):

1. Title page (*FORM PAGE 1*)
2. Budget (*FORM PAGE 4*)
3. Budget Justification
4. Biosketches of key personnel ([NIH Biographical Sketch Format Page](#); limit to 5 pages)
5. Other Support of key personnel
6. Research Plan
  - Specific Aims - limit to 1 page
  - Research Strategy, including tables, graphs, figures, diagrams, and charts - limit to

5 pages

(a) *Significance*

- Explain the importance of the problem or critical barrier to progress in the field that the proposed project addresses.
- Explicitly address how the proposed project will improve rehabilitation knowledge, technical capability, and/or clinical practice as defined by the [RI Pilot Grant mechanism](#).
- Describe how the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field will be changed if the proposed aims are achieved.
- A clear and concise statement of need should be included, supporting how the work will be leveraged into future work.

(b) *Innovation*

- Explain how the application challenges and seeks to shift current research or clinical practice paradigms.
- Describe any novel theoretical concepts, approaches or methodologies, instrumentation or interventions to be developed or used, and any advantage over existing methodologies, instrumentation, or interventions.
- Explain any refinements, improvements, or new applications of theoretical concepts, approaches or methodologies, instrumentation, or interventions.

(c) *Approach*

- Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project. Unless addressed separately (see Form 3 Research Plan, item 15), include how the data will be collected, analyzed, and interpreted as well as any resource sharing plans as appropriate. For capacity building proposals, please address how the proposed activities will result in actionable next steps.
- Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the aims.
- If the project is in the early stages of development, describe any strategy to establish feasibility, and address the management of any high-risk aspects of the proposed work.
- Point out any procedures, situations, or materials that may be hazardous to personnel and precautions to be exercised. A full discussion on the use of Select Agents is expected (see *FORM PAGE 3* Research Plan item 11)
- Provide a clear plan for how the current project will lead to external (ideally federal) funding. Provide specific information sponsor, funding mechanism (and funding opportunity announcement if available), as well milestones and timelines for achieving this plan.

\*If an applicant has multiple Specific Aims, then the applicant may address Significance, Innovation and Approach for each Specific Aim individually, or may address Significance, Innovation and Approach for all of the Specific Aims collectively.

\*\*Preliminary data are not required but may be included within the above sections, if available.

7. Letter of support from department chair

*Investigators who are resubmitting a proposal from a previous cycle that was not funded may include a 1-page letter detailing how the reviewer comments are addressed in the resubmission.*

Applicants should submit the names of 2 to 3 potential reviewers while attending to potential conflict of interest using NIH criteria (no publication or funding collaboration in the last 3 years)

## **Budget Information**

Allowable costs may include:

- Compensation for support personnel including, but not limited to, laboratory personnel (e.g. postdocs, students, research coordinators, research assistants). Any percent effort for support personnel that is within the budget and well-supported with justification will be considered.
- Compensation for external consultants will be considered and a letter of support from the consultant should be included.
- Participant costs, including remuneration, transportation, parking, etc.
- Data management and biostatistical support costs.
- Supplies and equipment. Capital equipment (cost > \$5,000) will be considered but must be strongly justified. Justification should include value to current projects as well as future projects.
- Publication costs
- Travel costs/course fees/subsistence allowance only if it pertains directly to training involved with the proposal

Non-allowable costs are:

- Salary support for the PI. The only exception is if the PI is a postdoc, in which case up to 10% of salary support may be requested
- Travel costs/course fees/subsistence allowance for research conference travel not related to training

## **Review Information**

Applications will be reviewed by faculty scientists within the University of Pittsburgh who have broad expertise in rehabilitation research. Reviewers will be selected with appropriate expertise, but due to potential conflicts of interest (e.g., shared department, current or recent collaboration), it is likely that reviewers will not have specific expertise in the domain of each proposal. Therefore, applicants should write their proposals with this general rehabilitation research audience in mind and minimize expectations for shared understanding of specialized and technical information or jargon.

The research plan for each pilot grant submission will be reviewed using NIH R03 review criteria and scoring (9-point scale: 1 = exceptional; 9 = poor). An Overall Impact score will be provided along with individual scores for Significance, Investigator(s), Innovation, Approach, and Environment. In addition, these criteria will also be considered:

- Relevance to rehabilitation research as defined by PMR & SHRS in the call for proposals
- Potential to lead to a successful external funding application
- Collaboration among departments within SHRS and PM&R and inclusion of clinicians is not required but will be viewed favorably
- Special consideration will be given to junior investigators

Applicants will receive bulleted feedback related to each category.

### Scoring Criteria

Impact	Score	Descriptor	Additional Guidance on Strengths/Weaknesses
High	1	Exceptional	Exceptionally strong with essentially no weaknesses
	2	Outstanding	Extremely strong with negligible weaknesses
	3	Excellent	Very strong with only some minor weaknesses
Medium	4	Very Good	Strong but with numerous minor weaknesses
	5	Good	Strong but with at least one moderate weakness
	6	Satisfactory	Some strengths but also some moderate weaknesses
Low	7	Fair	Some strengths but with at least one major weakness
	8	Marginal	A few strengths and a few major weaknesses
	9	Poor	Very few strengths and numerous major weaknesses
<b>Non-numeric score options:</b> NR = Not recommended for further consideration; DF = Deferred; AB = Abstention; CF = Conflict; NP = Not present; ND = Not discussed			
<b>Minor Weakness</b> = An easily addressable weakness that does not substantially lessen impact			
<b>Moderate Weakness</b> = A weakness that lessens impact			
<b>Major Weakness</b> = A weakness that severely limits impact			

### Funding Determination

Funding decisions will be made by **June 12** at the latest with funding starting **July 1**. **Following notification, the PI is expected to submit a 1-page response to the reviewers.**

A second round of competition may occur if no proposals are scored within fundable range.

Funded investigators are required to submit a final progress report stating the research accomplishments relevant to the project aims, and justification for any unmet aims, as well as any relevant products (presentation, manuscripts, etc.). The final progress report should also contain a final financial analysis indicating how research funds were spent and return of any unspent funds. In addition, funded investigators should expect to report on short-term and long-term impact of RI Pilot Grant funding through follow-up surveys from time to time.

No cost extensions are discouraged but may be considered on a case-by-case basis with a strong written justification submitted to the appropriate research administration contact (SHRS or PMR).

## **Frequently Asked Questions**

Are multiple PIs allowed on a project? *Yes, but a primary PI of record must be named.*

What are the formatting requirements? *Follow the directions for NIH grant submissions: Arial size 11 with margins of at least ½" is recommended.*

Can I submit a proposal that is currently submitted/being reviewed by another funding source? *Yes, however the two applications should be written in such a way that they could be carried out independently. The two applications must have two separate and unique budgets, budget justifications, and scopes of work. If the external award is funded, any overlap with the RI project will not be funded by the RI pilot grant.*

What information am I required to complete on the Face Page? *You may leave blank the following numbered fields: 10, 13, and 14. All other fields should be completed.*

Can PIs or Co-PIs hold an appointment outside either SHRS or PM&R? *A Co-PI may hold an appointment outside SHRS or PM&R. However, the contact PI will have to be the faculty member in SHRS or PM&R.*