

Closed Captioning File

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Good afternoon everybody. This is Alison Cernich, the director of the National Center for Medical Rehabilitation Research here at the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development at NIH. We want to thank you for joining us for this webinar to talk about the medical rehabilitation research resource. Our p2c clinical trial optional funding opportunity announcement that is currently open and will be accepting applications. We're having this webinar simply because this is a relatively rarely used mechanism used at the NIH, and we wanted to make sure that folks were clear on how to apply and have the ability to ask questions. The program official associated with this funding opportunity is Ralph Nitkin. He's not able to join us in person today and we hope that he will be able to answer your questions via email if we do not answer them appropriately throughout this. The other thing to know is that we will be recording this webinar and making it available on the website under the frequently asked questions banner for our funding opportunities. It will take us a few days to make sure that the material meets the federal requirements for accessibility for individuals with disabilities, so we do apologize in advance for the delay but want to make sure that everyone has access to the materials.

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Closed captioning is being provided today. To view the captioning, you'll click on the drop-down area arrow in front of multimedia viewer which is located on the right hand of your screen. Live captioning will then appear in multimedia viewer.

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So, just to give you the agenda today, I will do an introduction and WebEx overview for about five minutes, then we'll talk through the program history, do a bit of overview on the program itself, review procedure and application deadlines, and then move to questions.

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So just the overview of the application I'll cover, so our point of contact for this funding opportunity is Ralph Nitkin, who many of you probably know. Our contact for peer review is Sherry Dupere, here at NICHD, and our grants management contact is Bryan Clark, here at NICHD. We also want to thank our collaborators and co-sponsors of this funding opportunity and the program officials who will answer questions from those institutes you will see listed here and they are also listed on the funding opportunity. But we want to thank our colleagues Merav Sabri from the National Center for Complementary Integrative Health, Daofen Chen from the National Institute of Neurological Disorders and Stroke, Tiffani Lash and Selia Selimovic from the National Institute of Biomedical Imaging and Bioengineering, Lana Shekim from the National Institute on Deafness and other communication disorders, and Lois Tully from the National Institute of Nursing Research.

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By way of background and to set the stage for what we will be talking about today, this funding opportunity, specifically, is intended to provide access to collateral expertise and state-of-the-art resources in specific research domains to the national community of rehabilitation researchers. So, what

I want you all to think about, and what Ralph will encourage you to think about, is the fact that this really is a service-oriented program. Much like our training programs for young investigators, this is really envisioned to be a service to the field to provide mentoring, to enable collaborations, and to provide key pilot funding for new investigators or emerging investigators in the areas in which you propose a p2c. This is the evolution of the successful rehabilitation infrastructure program with active turnover programs and representation across the research spectrum and obviously the funding primarily will be coming from NCMRR, but we do have the amazing collaborations with our NIH Institute partners and our goal is to improve the number and quality of rehabilitation research applications across the NIH institutes. Just for folk's knowledge, over the past five years, we've had about a hundred million dollars increase in rehabilitation funding across the NIH, and we would like to think that part of that has been the energy and expertise that have come from our research partners at the infrastructure sites.

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To give you a bit of background on the funding history for this program, the first phase of this was from the year 2000 to 2005. It really had more of a geographical focus. There were four centers and there were \$4 million per year, total cost provided. In phase two, from 2005 to 2010, it was really focused more on expertise and expanded to include courses and webinars, mentoring and collaborations, pilot funding and documenting impact, and this used the r24 mechanism. In phase three, we use the same thing in terms of specific scientific domains and promoted active turnover in the sites. We had the joining of two of our co funders, NINDS, and NIBIB, and we supported seven total centers and we had coordinating center that was done on a volunteer basis. Phase four, which we're coming to the end of now, had a targeted FOA for scientific mechanisms. We transferred from the r24 to p2c. We again encouraged active turnover onsite, and we co-funded with NINDS and NIBIB, we supported six centers, and we funded a coordinating center through a supplement.

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So for the purpose of this specific application, we are focusing on medical rehabilitation, and when folks ask us what that means, we've conveniently provided you with a definition of that in the funding opportunity, which includes support and treatment for chronic conditions, such as stroke, brain, or spinal cord injury, orthopedic and joint conditions, developmental and degenerative disorders, cardiovascular and pulmonary rehabilitation, and support for cancer survivors. We explore research at various levels in terms of reducing pathophysiology, minimizing physical impairments, enhancing functional recovery, promoting learning and adaptation, preventing secondary complications, reducing disability and societal barriers, and enhancing overall health and quality of life for people dealing with chronic conditions. And really what we want is some integration across this, so to the extent that we can make sure that we integrate across biologic engineering and socio- behavioral approaches to better understand these conditions, prevent potential secondary complications, enable restorative therapies and promote the interaction of the individual with his or her environment. We would appreciate it. A multidisciplinary approach to these goals is fundamental to medical rehabilitation practice from our perspective.

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So our purpose again is to create a national network of research centers that will provide the providers and the broader rehabilitation research community with access to state-of-the-art collateral expertise

and biomedical behavior and/or psychosocial fields relevant to current opportunities in medical rehabilitation. So again, this really is a service-oriented effort. We're looking for people to provide research resources, mentored collaborative opportunities, didactic interactions, consultations and pilot funding. Local institutional activities related to technique development, adaptation and validation can be supported but as I will discuss there are caps in some of those particular areas. The appliance center may optionally also propose to take on the overarching role of a network coordinating center and facilitate promotion of an infrastructure program, web-portal development and trans-center coordination and outcomes of the network. So again, that is an optional component, that I will speak to in a moment.

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We have also outlined specific areas of research interest and these are based on the research portfolio analysis that we've done as a rehabilitation community since the launch of the research plan on rehabilitation in 2016. If you want to become more familiar with that analysis, it is featured in the videocast of the National Advisory Board for Medical Rehabilitation Research that are available over the past year. And if you need further contact on that, feel free to e-mail me, but if you go to NIH videocast and put in National Advisory Board for Medical Rehabilitation Research, both videos will come up. The presenter is usually Jennifer Jackson, and she goes through our entire portfolio and demonstrates the gaps. With respect to the ones we've outlined here, we've seen gaps in pediatric rehabilitation, in personalized medicine approaches, in family caregiver and community support, in implementation and dissemination research, in clinical trial design and combinatorial therapies. We also would like to see applications technology to track real world outcomes. In each of these areas we give a very detailed explanation as to what we are looking for, but primarily what we would like to do is to both advance the science in these areas and to ensure that our community is using cutting-edge techniques in all of them. Additional areas may be proposed, provided they can be justified as unique, state-of-the-art, teachable and specifically relate to our rehabilitation research plan. If you do not have, or have you have not read our research plan on rehabilitation, and I just realized I'm in the department of redundancy department because I didn't need research after rehabilitation, so I apologize for that, but that link is in the slides, which we can send to you and get to you directly, or you put that into google and it will come up.

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So information on the award itself- we have new and renewing applications allowed. We have asked folks if they are doing a renewal to introduce some new aspect or new approach in their renewal and also for folks that have received this in two phases, we have asked them to substantially change their approaches or introduce really new technologies. And we can obviously answer those questions for those of you who have previously been funded. This is a clinical trials optional mechanism and I will say I don't have a ton of time to make sure that I answer every question with respect to clinical trials, but if you are proposing clinical trials, please make sure you are familiar with the NIH clinical trials policy as it applies to any techniques or validation efforts that you will undertake. The funds available is 6.95 million. The number of awards is six potential, depending on merit funds available and relevance to participating NIH ICs. Your budgets are a direct cost of \$750,000 per year. And the coordinating center can request up to \$250,000 per year. And the project period is five years.

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So just as a brief overview, the content in the form of the applications are as described here. All page limits are described in the application guide and the table of page limits must be followed. The page limits are a maximum and could be much less than specified. So, in terms of your page limits, three sections have a 12-page limit, the overall description of the center, the administrative oversight, and collaboration with other institutions. That section is optional but we do and have benefited from that particular portion with various of our centers that currently exist. Our six page limit is for didactic interaction, collaborative opportunities, tech development, pilot studies, promo center expertise and the coordinating center. We would also appreciate if you could address throughout the application how you'll encourage workforce diversity both within your center and in terms of the pilot opportunities that are available.

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Now going into the overall research plan, so for the first section of this application, you will be really trying to describe to the reviewers your proposed research domain or domains, your expertise, your key resources and strategies to promote opportunities to the larger research community. This will include your specific objectives, your potential impact, how it builds on your institutional expertise and resources, the scope of the center the approach to which you will--approach by which you will impact the field and which scientists are going to be the target of your training and what background would be needed to benefit. This is where you would include the letters of support for the center as a whole. This is also where you would include your resource sharing plan and your data sharing plan. The data sharing plan and the research sharing plan are detailed in the funding opportunity.

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Then the application moves to components. Each of these do not require a project narrative, but they do require the applicant to indicate the types of subjects that will be used, humans or animals, the performance site, the senior and key personnel for each of these cores with the bio sketch, the letters of support specific to the section, the resource and data sharing plan for each of these sections, whether or not this includes the clinical trial and the way that you will comply with the NIH clinical trial policy in that section and the budget for the section. So, this will apply to didactic interaction, mentored collaboration, techniques development, pilot studies, promoting center expertise, and center collaborations.

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In the administrative oversight section, your aim is really to look at your strategy for administrative oversight including the roles, responsibilities and procedures the center will follow to ensure successful performance. This includes the evaluation component, meaning how you will reflect back to the NIH that you have made an impact on the field whether that is tracking the number of pilots and their progression to grant or the number of external awards gained by bi lot awardees, number of publications, number of hits to websites, number of publications by the center itself or white papers or influence that the center has yielded in the specific area of science. It will also include a formation of an independent advisory board. This does not have to specify the exact people, but instead would be the areas of expertise and perspective that would serve in that advisory capacity. The research strategy here includes your administrative organization, your plan for interface with the community including

promotion of resources, dealing with competing demands on facility, meaning you may have numbers of people coming to you, how would you prioritize, quality control, responsiveness to the community and documentation of effectiveness and impact on medical rehabilitation. Here you would also include the methods by which you would collaborate with other infrastructure centers. We recognize the difficulty in this given that the other infrastructure centers are not currently named, and you will be essentially planning for something that does not yet exist, but your plans in how you would go about those collaborations and interact with the coordinating center would be appreciated.

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And then the coordinating center. This is an optional section. It is not required, but this would be to serve the additional role to serve as the coordinating center of the network. And again, this section is optional. The coordinating center- we request maintains central web portal, promotes the overall program in a variety of settings, promoted and coordinated trans center activities, hosts and documents periodic teleconferences among the center, and documents the overall infrastructure outcome data. This research strategy would include documentation of the above activities and strategies to achieve them.

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So, the review criteria. The applicants are reviewed on their ability to provide access to unique resources and expertise that are particularly relevant to the broad field of medical rehabilitation research. The quality of resources and expertise, the unique nature of the research opportunities and mentored collaborations, proposed strategies for promoting, teaching, and supporting research opportunities, leveraging of resources at your institution or at collaborating institutions, your administrative vision, your management and prioritization and your promotion of a diverse workforce.

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So, the budget is specified for the overall center and each subcomponent. There are two places in the application where we have included caps for those particular components. For example, for pilot studies, you are capped at \$150,000 per year and in pilot studies you will also have to tell us the mechanisms by which you will be providing those pilot study dollars to institutions both internal and external to your center. And in technique development you're allowed a hundred thousand dollars per year and in that, you do have to determine both how those techniques will be developed, what the budget will be for techniques development and then how those techniques will be disseminated to the community or benefit the community. Pilot studies should be prioritized for sites outside of the funded center and will generally be accomplished with subcontract, but you can propose other mechanisms as you see fit. And the pilot studies we say prioritize for sites outside of the funding center because again, the goal of this is to engage researchers not only at your institution which is obviously a goal, but also across the country. Collaborations with other institutes would be accomplished by subcontract and so because of that and the additional overhead that often comes with subcontracts, you do need to consider the cost benefit of these collaborations and how they're configured. Again, additional funds are available for the optional coordinating center sub component at about \$250,000 per year. Any clinical trials will require prior approval by NIH prior to initiation and you will be working with the program officials who right now is Ralph Nitkin, on those. No cost sharing is required in this mechanism and I do

know with some of the other complicated mechanisms that is a requirement is not a requirement for your institution to do any cost sharing for this mechanism.

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I'm going through this because I also want to make sure we have adequate time for questions. So, the key dates for this particular announcement- the open date is May 27th, 2019, and the letter of intent due date, though it is not required, is May 27th, 2019. No, it should be March. I did that wrong, didn't I? I apologize Ralph, no, open date is May 27th, you're right. It was posted March 12th. So, we will start at—accepting applications but the FOA is out now for your pleasure, so can you start posting your applications, May 27th, sorry for my brain blip there. The application due date is June 27th, 2019. This is a change from the funding opportunity, so please note we will be publishing a correction. We were trying to get this published, so we could get this out earlier in 2020 but that is not to be. So, the scientific merit review will be conducted in November of 2019. The advisory council review will occur in January of 2020, and your earliest start date will be April of 2020. We recognize some of the renewal centers that we may have to work through some of this relatively quickly in terms of renewals, and so we will make sure that we are on point with that.

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So, what I wanted to do was go through the overview. I am certain that many of you have looked at the funding opportunity itself and I wanted to leave as much time for questions as possible. At this point, if you have questions and answers, if you have answers that would be great. I'll hope to have some of them, your phones will remain muted so please do not unmute your phone line. If you would use Q&A, the arrow that appears before Q&A the Q&A panel will expand, type your question into the blank box and click send. So, we will await your questions.

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As you all are thinking through this, the only other thing that I will say about this mechanism is you look through it, it is very repetitive, so you will find that you are doing the same thing over and over again. You may be putting in the same senior key personnel, you may be describing things similarly throughout the sections and that is to be expected, that is the way this particular format works. Please do not be intimidated by it, and please do not feel like you were--you are repeating yourself. You are repeating yourself, that is perfectly expected.

So, we have a question related to--we have specific question related to, for whatever reason now, I can't see the question, but we would like to propose across institutional collaborations--so there is one question related to having several institutions involved in most components. And to describe the work within each component rather than in the collaboration with other sections, does that make sense? It does make sense. I would probably propose with respect to that question that the institutions are both mentioned in the collaboration with other section and in the individual sections. You will be repeating yourself throughout the throughout the application and so, yeah, it just wasn't working—and so--thank you--so the collaboration should be documented.

There's another question related to if it's collaboration with another institution via a subcontract. Most of the subcontract, most of the center collaborations are going to be by subcontract. So even if you are going to do this by a subcontract, we would appreciate knowing who your collaborators are and to have

you include them in the section on collaborations with other centers. So, one, if the collaboration with another center is a key component of one of the sections in here, so it's key to didactic, its key to technical expertise or validation, it's key to your pilot, please include it both in that section as well as in the collaborations with other institution section. And that will allow for us to both know what, in the review to know what the collaborations are and to see how you are going to execute them.

There's a question about whether this foa will be renewed. So, as we documented it earlier in the presentation, we have done this program since 2000 and NCMRR is legislatively required to support infrastructure, obviously, we have found this to be a successful mechanism and we are supporting it for this five-year period. For those of you not as familiar with NIH, we do have to get approval in each cycle to continue to support this mechanism or any specific effort that we have. We would hope that we would renew an infrastructure program. Can I tell you it will be this program specifically? No, because that's five years from now. I can tell you we have approval to move forward with this and we will do this, this mechanism this year.

Can you say more about techniques development? I can. Do you have past examples of techniques? Okay so for those of you on techniques I will just see if we have any other techniques questions. So, let me go to technique development. We do have right now, if you go to ncmrr.org, we have current infrastructure centers where you will see the way that each current six sites are looking at technique development and that is publicly available, and if you haven't gone to ncmrr.org and looked at medical rehabilitation resource network, I would encourage you to. They really are excellent resources and you will see what their techniques look like. I will give you an example of one that's been funded for two cycles and that is the national center for simulation in rehabilitation research and this is a center where they have provided one of the largest open source simulation software available for really any application but has been specifically beneficial for rehabilitation. So, they developed that specific technique being a program and then many of their didactics there to teach people how to use simulation techniques in order to study specifically gait patterns or interventions in a simulation environment. Another center that is doing some techniques development, is the National Center for Neuromodulation Research and Rehabilitation, they are developing some techniques for people to employ neuromodulations reliably and consistently in rehabilitation research, protocols, different localization techniques and then they're disseminating those. Those are two examples. Each of our centers has these techniques, some of them are really sort of didactic user guides, but that all takes money. And so, from the perspective that we have techniques development is something that the centers are providing to make it easier for people to do the type of research that we see is important.

Another question is if people are having several roles within the pilots or other components should they be mentioned just in one session or mentioned in each section. We would like you to mention the people who are going to be involved in each section in each section and I know that, and I will say this is going to be the department of redundancy department. You are going to say the same names multiple times if people are involved in multiple cores. That is fine. We want you to do is show the expertise and talent you have in each of those sections so that review can get a good picture. These are long applications. The reviewers appreciate the fact that they know who is involved in each core and the expertise that they're bringing, so the person may be involved in technique validation, and may be involved in the pilot studies specifically to review it or run the program and they may be involved in administrative oversight. To the extent that you can include it over and over again that will show essentially where you are with where that expertise will be and where it will be applied. So yes, you will

be saying it sort of over and over again and we apologize for the way that format goes but to the extent you can do that it will help your application.

So another question is, do the techniques need to be novel? Is that mandatory aspect of a center proposal? So, the only two optional sections within the proposal are the coordinating center and the collaborations with other institutions. As we talked about with technique development, this is both technologies and expertise proposed and so you are really looking at technologies and/or resources. So, let's say for example it's a little bit harder to do necessarily a technology for the implementation and dissemination area of focus. But there are resources that this center could make available very similar to potentially ones that are available in the, for example, the health services collaborator that is here at NIH that focuses on progressmatic trials. That center has put together a living textbook. They have provided different documentation materials. They have provided ways to structure protocols. Those would be techniques. So, it may not be technologies per se, but validated methods, consensus materials. Another example of that is our current react center has done quite a lot to look at clinical trials and has published papers, has provided various educational resources for people who want to go into this area as well as consultative ability. Similarly our current center treat that looks at translation of rehabilitation engineering and assistive technology both provides consultation so that's one piece of this but also provides resources, educational resources, to the field as to how to commercialize the technology, so they're not devoting the development of a technology themselves, rather they're developing key resources for the field so you can move things to a commercialization effort. I also--Ralph just wanted me to remind everybody, this is an open competition, so it is both for new and renewing centers. So just in case anyone was wondering, well if she's talking about renewing centers a lot it is an open competition and it is available to everyone.

And again, what we've asked folk who is have done, so the question is, are you hoping to have technique development proposed, you've not previously funded. Yes, it is an open competition, we want new techniques, we want new resources, we want different approaches to be proposed. We want with this particular infrastructure to make sure that we have the best available, newest and most exciting and/or most needed with respect to the gaps we have in rehabilitation research to be supported.

So, the techniques core, so the question now is techniques sound like didactics. So, didactics and techniques are going to be slightly different. The techniques can include some didactic portions, but the technical aspects are different than the didactic experiences. The didactic experiences as mentioned in here in the funding opportunity for the research strategy are courses, workshops, webinars and demonstrations proposed: okay. So, the techniques themselves we did not limit it to just technology. If we did, we would call these technology research centers. The techniques that you may go through could even include measure validation or something to that extent. You just need to propose the technique that you are pursuing in that hundred thousand dollars cap is something that you are going to need to be able to accomplish the other activities. So for the didactics, you are doing specific types of training activities and obviously, this is non-exhaustive and there are new ways to do these things, we had one site do a mock, an open course, so there's a number of approaches that people can do, people have done conferences, people have done pre-conferences at specific meetings and then if that was the case you would talk about the target audience and planned venue so we want you to consider a range of approaches, the techniques development I was just giving you examples, you can look on the websites of the current centers to see what other examples are. But I don't want people to think that it's only technology because that's not necessarily the limitation there.

So, Ralph is kind of helping me online, he's not able to be with me in person today, I will just share his comment, he said also technique development could be a way to readapt to purchase to be more appropriate for medical rehabilitation population so for example with dissemination and implementation research, it's a good point. Many people have said that it's difficult to do that type of research and clinics, outpatient clinics so there are ways we can adapt some of the approaches to extend them to the settings where our care is delivered or to validate for populations or to respond to growing researcher needs. So, I just wanted to thank you Ralph for the clarification.

Can we provide examples of how existing centers collaborate? We certainly can. Some of our existing centers over the years have hosted joint didactic opportunities. They have done joint webinars, they have worked together on publications, they have tried to find ways to do joint pilot opportunities in recent years. They have worked together on particular white papers where their expertise overlapping and then they've also tried to also network scientists so if a scientist comes to their site and they would really benefit from some of the other expertise so let's say they go to the clinical trial site, but they're doing a clinical trial and neuromodulation, they will also try to connect them to the neuromodulations center so part of it is a networking function, part of it is a training function or a didactic function and there have been some instances where even the techniques development can be collaborative. And again, it's difficult to propose some of this in the current application, but that is an example.

So, the question and honestly, I am going to have to look this one up so just give me one moment. I don't know that it is specified, and I may have to get back to you. So, I am going to have to get back to this person because I do not have a specific and we will also try to include this, I will ask the question so if Ralph knows the answer, he can type in it for it. The question is related to the threshold of collaboration with other centers, co-investigators, single consultants would trigger the need for collaboration with other centers section? We do not specifically state this, but my--I'm going to say, at this point if they are receiving any support from your center, or if they're going to be mentioned as key expertise for your--for your proposed area, I would say that that probably meets the threshold. I will wait for Ralph to type furiously in to tell me if I am incorrect. Just give me one moment. Let me come back to that answer and get to a couple other questions.

One of the other questions are: are you anticipating clinical trials? It is hard to see how they would fit here. >> it really will depend on the area of science to which you are applying. It may be that you will not have clinical trials at all in your section, again be familiar with the NIH clinical trials policy and make sure that your research does not meet the existing definition and if you do have questions, please reach out to Ralph as to whether or not your study as a clinical trial or meets the definition of a clinical trial. It is possible in the technique development section that you could need a clinical trial for validation of something and in that sense, yes, I do think that clinical trials could be a part of these applications which is why clinical trials are optional but again if you were doing something like precision medicine and you were looking at techniques to use was, in rehabilitation medicine and there was no clinical trial involved, it was you know simply a methodology question or a mechanism question, without any intervention. Potentially with no human subjects, then, yes, you would be exempt from the clinical trial policy. But again, I think it's going to depend on the type of science proposed and whether it's needed for a section.

So, another question is what are we looking for in terms of expanding workforce diversity if terms of pilots and other opportunities? To the extent that we are trying to build a more diverse workforce, we are looking for diversity in a number of ways. We appreciate diversity with respect to the workforce

that's engaged. So, we would like this to be applicable to the numbers of professionals that are in rehabilitation science, and again you're not going to be able to touch on those bases nor are you going to be able to address all the rehabilitation work, but we would prefer it to not be limited to one very small field or subfield. The other is, we would like for you to encourage diversity both by gender and sex as well as by ethnicity so to the extent that you can look to reach the programs who have not traditionally been big recipients of NIH awards, whether you are in an idea state so a state that does not receive a ton of NIH money, whether you are in an area where you can reach to a historically black college or university and if you are in a place where there's a program that serves a more diverse either ethnically, by sex or gender population, that is what we appreciate. If you can get to places where you can encourage people of diverse walks of life to be a part of this, that's an effort we would appreciate, we understand that there are challenges within that and honestly, we work with our centers on a regular basis to make sure that we can try to encourage as much diversity as possible. Also, in the pilot funding again, we are encouraging those pilot funds to not stay at your university or your sponsoring organization and so, to the extent that we diversify the field and target new institutions or organizations where you feel like this research could be carried out that would be great. Also, we encourage people to include people with disabilities as researchers and consultants. And that is something that's been a focus for us for many years and is obviously a focus of rehabilitation science and I always consider it sort of an understood rule but it's good for Ralph to remind me to say it out loud. Obviously, we want you to develop techniques that are going to help answer questions that are important to the people that we serve.

So as some of you are trying to think through any other questions that you have, the only other thing I want to point out and that is not in our slides today, but is of interest potentially to some of you who are looking at this funding opportunity announcement for the scientific interest of pediatric rehabilitation and that is to say that we also have another funding opportunity out on the street right now that is on research project grants and pediatric rehabilitation, this is an r01. And if you put in NCMRR pediatric rehabilitation, funding opportunity should pop right up. You can also e-mail me and I can give you information on this and the program point of contact for this is Teresa Cruz, so for those who are listening in and not an area of interest for you, please know that not only is pediatrics included in the specific funding opportunity but is also included in another funding opportunity we have on the streets right now.

So, I am going to have to get back to the folks on the phone unless Ralph has anything further than what I said but essentially I think for the collaborating with other institutions, should be included if the other institution or the other key personnel are going to be receiving funding from your center or they are going to be key to the expertise that the center is going to be able to provide. I think in both of those situations, that is where you should include that section and again, the overall purpose is to enhance the research of the community rather than doing the research per se, so these are enabling competitive grant applications, these are enabling research to be conducted, this is enabling our science to move in new directions. So, I think to the extent that the reviewers would benefit from knowing this was a key collaboration that would be enabling to your work and make it transformative or highly impactful that is I think where we will—we will find it. So, Ralph's response essentially right now is the logistics of the collaboration could be included in one area or one component, but the specific resources should be in the collaborations with other institutions. So again, I think if you are trying to drive home, you know our center will have this key technique or our center will be able to offer this key didactic or training

opportunity, you will include the collaborative partner in that section but then again, mention it in center collaborations with other institutions. An example of that in the current funding that we have is for the center for large data in rehabilitation they have collaborations with Cornell and Michigan. And what that enabling them to do is to build on the collaborations that on the portals that those two universities have or the data those two universities have access to and then they are doing techniques in conjunction with them. So, without those two resources, their techniques are not as easy to apply for any researcher in the field. That is one example that I can think of and there are others but again, you are going to be redundant throughout this application so you will talk about, you know the key to this didactic opportunity will be a collaboration with university of wherever in the united states, and the reason we need that is for this purpose, and they have this particular expertise because we're going to do a subcontract with them, we will also look at the center collaborations with other institutions including them there and including a letter of support in that particular area. So not only are you going to be including them in the application but also please including the letter of support in the appropriate part of the application where you're mentoring that expertise.

So, the other question is: is the application organization expected to be the lead for all the components or can a subcontract organization lead a component? A subcontract organization could certainly lead a component and you would just then also have to include in your administrative oversight how that will be coordinated, and you'll also have to include in terms of the budget and the subcontract, so it would be both in the specific area of component and in terms of the budget and the organization and the administrative oversight.

So, then there's another question with respect to can you apply only to a subcontractor or should you be in collaboration with another partner. So, you can't apply as a subcontractor alone, you have to come in as a full center proposal. A full center proposal can include subcontracts, but you would have to be part of an overall organization and that subcontract would have to be part of the collaborations with the other institutions as well as included in the scientific goals as well as in the goals to provide the expertise to the communities as well as providing a key component of expertise that would aid the science. So, from that perspective, no. You can't come in simply as a subcontractor.

So, for the question about the collaborating institution, I think what we can also do for that question is I will confer with ralph and review and grants management and we will update our frequently asked questions on the website with some text that will help to answer that question as best we can give the way the way the funding opportunity is written. But it's a good point and thank you for pointing it out to us.

So, I am going to give folks a couple more minutes if there are any other questions? We are going to end at 3:00. And again, this will be archived with the captioning available and the slides available on our website. Feel free to share them once they are available with your colleagues. And ralph and I, ralph is the point of contact, he is available to answer questions via e-mail and via phone and has been with this program for quite some time, knows it incredibly well and so I think that if you have any further follow up questions, we realize this is a complicated mechanism, we realize it is a redundant proposal, it's okay not to use all the page limits if you feel like you have adequately answered the questions in each section. But we also wanted to give you the opportunity to hear from us that it is a redundant and complicated mechanism so that you aren't looking at it thinking wow, I'm saying the same thing over and over, you are saying the same thing over and over. And that's perfectly okay.

Sure. So, the presentation will be available on our website, the question is where will the presentation be available? So, if go to the National Center for Medical Rehabilitation Research our website which is nichd.ncmrr.gov, and if you put in National Center for Medical Rehabilitation Research, it will pop right up in the google machine. We have a frequently asked questions section of our site related to this funding opportunity and so the slides and the captioning will be posted there. It should be on the funding opportunities part of our website. And I apologize so I'm running the webinar so who knows what I have open on my desktop. I would scroll through the google.

So again, another clarification from Ralph, for collaborations with other institutions you include the logistical aspects and collaborations with other institutions in terms of how you are going to do that, and you indicate the specific resources and specific component with the budget involved. So again, just to clarify it's the how you are going to do it in the collaborations with other institutions, including logistical aspects but then you indicate specific resources in the specific component and the budget involved. So that's the clarifying remark but will clarify it also in the frequently asked questions section in the funding opportunity.

And again, just as a reminder. This is not going to go up today because we do have to make sure that it's compliant and accessible for people with disabilities which I'm sure you all can appreciate. So, we hope to get it up very soon but again it will not be available today, probably in the week or so.

Any final questions folks as we near the five minute mark to end of the webinar? So, to answer the question that just came in, is there any budget associated with the collaboration's component. So, the overarching budget if for this funding opportunity is \$750,000 in direct cost. Obviously indirects are not part of that total. The only caps that we have with respect to your budget are respect to the techniques and pilot studies and again for the pilot studies we have a cap and I'm going to check myself, so I don't say it incorrectly. That's \$150,000, per year, I believe, yes, and the technique validation is a hundred thousand dollars per year for the five years. So, in each year those are the caps, \$250,000 of the \$750,000 available is capped for each of those. If you don't use all the budget in those sections, that you are going to redirect it to other sections, you have the flexibility in that. So, you're going to determine those budgets. The only thing we put in place is the cap and we put a cap in two places. The only other cap we have is on the coordinating center, we can only provide \$250,000 for that specific component in the application, and again that is an optional section. The issue is with the collaborations with the other institutions, you just have to justify that that is a cost effective solution. So make sure you recognize that the reviewers will look at the subcontract so make sure that's cost-effective solution for providing the expertise and there's not sort of an undue burden on the grant to provide indirects, et cetera. So, I think to the extent that you can show its cost effect and the way it's cost effect that would be great. But again there's no caps. There's only caps for two sections and we trust that the investigator community knows how to appropriately balance the budget to do the science they're proposing or provide the support that they're proposing.

Again, I'm just looking for any last questions and in about two minutes we'll close the webinar but again Ralph and I remain available by e-mail and phone if you have any further questions. And Ralph is clarifying that the budgets are going to depend largely on research domain that you're supporting. So, you know I think all of you very well know that your budget has to reflect the science and the opportunity that you're proposing and the reviewers that we select are very familiar with these types of applications and will be looking at that the perspective of that they know what things cost. Some of the

types of opportunities that we're asking you to provide or not necessarily low-cost proposals, but we do want to make sure they're responsibly administered. All right, folks well thanks so much for joining us this afternoon. We very much appreciate your active participation and questions. Feel free to follow up with us as you're working on your applications, please feel free to share both the frequently asked questions and the funding opportunities with your colleagues, we really do look forward to robust response. And we thank you so much for your interest and your time and again feel free to follow up with us as you work. So, take care, everybody has a good afternoon.