

RESEARCH GRANT APPLICATION

OPTIMA

The logo for OPTIMA features a white silhouette of a Vitruvian Man figure inside a white circle, which is the letter 'O' in the word 'OPTIMA'. The figure is centered within the circle, with its arms and legs extended to touch the inner edge of the circle.

INSTRUCTIONS FOR GRANT APPLICANTS

I. Purpose

The function of the Ohio Physical Therapy Association Research Fund (Research Fund) is to promote and support research studies relative to clinical practice, education or administration which will enhance the profession of physical therapy. This is provided through grants for approved activities.

II. Eligibility

- A. The principal investigators/project director must be a member of the Ohio Physical Therapy Association.
- B. The research study must relate to the profession of physical therapy.
- C. Requests for grant funds cannot be made for work that is already completed. Research studies are considered complete if data collection and data analysis are finished prior to the application deadline date.
- D. Research Grants shall be awarded only to individuals and institutions which provide physical therapy services in accordance with Ohio and regulations, the "Code of Ethics" and Guide for Professional Conduct" of the American Physical Therapy Association (APTA).

III. OPTA Research Committee Funding Priorities

Prioritization decisions will be made by the Research Committee. Priority will be given to research proposals that contribute to the field of physical therapy.

IV. Award Limits/Utilization for Grant Funds

- The maximum amount funded per year is currently dependent on our fundraising for the year. Past individual awards have ranged from \$500 to \$2,500 with 1-3 projects awarded each year. The funds will be dispersed among the highest ranked grant proposals as determined by the Research Committee's peer reviewed process.
- The principal investigator will maintain ownership of any equipment or materials, purchased by OPTA grant funding.
- Recipients shall agree to return grant funds if the study is not completed or is substantially changed from the study as described in the application.
- The use of grant funds is restricted to actual expenses of the study and may not be used for administrative overhead of the sponsoring institution or for travel to attend the meeting for the presentation.

V. Awarding of Grants

- A. Grants are reviewed using the Grant Application Review Form. A copy of this form is available on the OPTA website.

VI. Deadlines

Please refer to the OPTA website for each year's specific due date for submission. The end of summer has been the deadline the past several years.

VII. Copies of Applications

To be considered, the entire application must be emailed as an attached PDF document to the OPTA office (opt@ohiopt.org) with the subject line "Research Grant Application" by the due date.

VIII. Reports

- A. A final report is due to the Research Committee Chair within six months of study completion. A final report form will be provided with approval of the Grant Application.
- B. The final report should include a research abstract suitable for publication in the OPTA newsletter. Due to copyright laws, this abstract should not be identical to that submitted by the author for professional publication.
- C. Interim reports will be required for research extending over one year.
- D. If the research study project is published, a reprint of the article should be sent to the OPTA office.
- E. When completed, the funded research must be presented at the OPTA Scientific Symposium.

IX. Credit Line

The following must appear on any report, abstract, or other publication regarding the research study:
"Supported by a grant (or "in part") from (or "by") the Ohio Physical Therapy Research Fund."

X. Instructions for Completing the Application

- **Principal Investigator/Project Director**
This reference information will be used for all correspondence from the Research Fund.
- **Title of Study/Project**
The title should be brief, but inclusive and descriptive.
- **Period of Proposed Activity**
The starting date is when the research grant is awarded.
- **Amount of Funds Requested** from the Fund
This is the same as the total amount requested from the Fund as indicated in the Budget Summary page (Item VIII).
- **Narrative Description**
A narrative description of the proposed study/project should be no more than 5 pages (in size 12 of Arial font with the margins of .5 on the top, bottom, left and right sides on each page) but should provide sufficient information to permit the Research Committee to judge how well the proposal meets criteria determining quality of the project. The list of reference of literature will not be counted as a part of the 5 pages of the narrative body of a project.

Suggested Outline for the Narrative

1. Introduction
 - a) Purpose: State the overall purpose of the study with the inclusion of hypotheses to be tested if appropriate. Briefly explain the potential significance of the study to the field of physical therapy.
 - b) Background: Briefly review the most significant previous work and describe the current status of work in this field. Document with references. Describe any preliminary work the Principal Investigator or other members of the research group have done which led to this study.
2. Method
 - a) Brief statement of the type of investigative study (e.g., basic or clinical study; descriptive, exploratory, epidemiological, experimental, qualitative, etc).
 - b) Description of target population/sample, Methods to be used for participant selection
 - c) Procedures to be used for interventions, data collection and data analysis. Description of uncommon measurements or instruments.
 - d) The projected timetable and completion of the study. List all major steps in the study and approximate dates when you anticipate starting and completing work.
3. Resources Available
 - a) Describe the facilities, special equipment, consultative services, and other relevant resources available for project. If any of these are to be secured through collaborative arrangements with institutions other than that which might be indicated in the address of the Principal Investigator/Project Director, attach letters from each such institution confirming their willingness to provide these resources.

- b) List amount and source of any other support which may be applied to this project, e.g., personal resources, other grants, costs absorbed by employer/institution. Use budget line items as a reference.
4. Study Limitations
Identify limitation/s and rationale for why you cannot address it/them at this time.
5. Bio-sketch of Applicants
Provide a brief description of the individual, group, or agency applying for the grant and include their qualifications for the proposed activity.
6. Plans for Future Work and Sharing of Results
 - a) Describe your plans for sharing the results of your study/project through such means as publication, presentation at meetings, including, but not limited to, APTA, local, state, or national meetings.
 - b) Summarize any plans you have for continuing work in this area of research after this study has been completed.

Item VI. Abstract

On a separate sheet, include an abstract of the project of no more than 500 words.

The abstract is to include:

- Objective of the study or specific aims.
- Type of investigative design (experimental, qualitative, etc)
- Subject description (number, selection criteria)
- Procedures for sampling and interventions
- Descriptions of measurements and instruments for data collection
- Data analysis procedure/s
- Relevance of findings to physical therapy practice, education or administration.

Item VII. Consent/Verification Forms

1. Human Subject Informed Consent
 - a. If the research methodology includes exposing individuals to the risk of physical, psychological, sociological, or other harm, policies which provide protection of human subjects in research as set forth by the Department of Health and Human Services and the Food and Drug Administration as published in the January 1981 Federal Register (including any update of this policy) must be followed. All applicants selected to receive funding must present an informed consent form which has been approved by the Human Subjects Committee of their institution prior to receiving funding.
 - b. An acceptable informed consent form should include, in plain language, an explanation of the purpose of the research, procedures that the individual will be subjected to, the risks involved, the expected duration of the subject's participation, the fact that participation is voluntary, that the identity of the subject will be kept confidential, whom to contact for answers to pertinent questions, and, in the event there are problems or dissatisfactions, the fact that the subject may withdraw from the study at any time without prejudice, and signature spaces for the subject, principal investigator, and witness (if necessary).
2. Animal Research Committee Approval
 - a. If the research methodology will include the use of animal subjects, applicants must supply information to verify that the project cannot be accomplished in any other manner than with the use of animal subjects.
 - b. If applicants are selected to receive funding, they must supply verification that the study has met the criteria for use of animal subjects and been approved by the IACUC on the use of animal subjects at their institution prior to receiving grant award.

NOTE: Those who cannot submit human subject informed consent or the animal research committee approval along with the grant application due to time constraint must have this ready upon notification that the grant will be funded (typically near the fall OPTA Scientific Symposium). Consideration for funding will be withdrawn if approval is not obtained.

Any changes made to the original proposal due to the human or animal protection approval process shall be submitted for final review as soon as possible but no later than September 15 of the current application year.

Item VIII. Budget Summary

The Research Fund will support expenses that are only an integral part of the research study and are not expenses related to proposal or manuscript preparation.

1. General
 - a. Each grant proposal, including requests for supplemental funding, must contain a Budget Summary page.
 - b. Budget Notes page(s) to justify or explain each line item request must be attached to the Budget Summary page.
2. Budget line items
Provide a breakdown of expenses for this project in the following categories:
 - a. EQUIPMENT PURCHASE/RENTAL - All equipment to be purchased must be documented. Rental of specific equipment must be noted with explanation of reason for rental.
 - i. Following the project, if the requested equipment would be shared by other investigators or clinicians, it would strengthen the applicants request. The better use made of the equipment, the more likely that it will be funded. Unnecessary duplication of equipment within the same institution will not be funded.
 - ii. The principal investigator maintains ownership of any equipment or materials, purchased by OPTA grant funding.
 - b. SUPPLIES (disposable) - Indicate type, purpose, cost.
 - c. VIDEOTAPE, CASSETTE - Indicate if re-usable or permanent. If re-usable - availability from institution's supply. Most projects do not require top of the line quality videotape or cassettes.
 - d. CLINICAL SITE FEES - Will be funded if there is a specific fee established for the use of special equipment/tools by an institution for use of similar studies by others. Adequate justification will be required (e.g. gait labs).
 - e. PERSONNEL/CONSULTANT FEES - Reimbursement for investigator time will be considered for activities which are not part of the investigator's employment responsibilities. Adequate justification will be required. Established hourly fee for specific personnel/technicians, computer programmers, etc., who must operate specific equipment or provide specific services. Such a fee cannot be offered to incidental "helpers". Indicate hourly/daily fee, estimate days of service and justify.
 - f. PARTICIPANT SUPPORT COSTS - Normally participant support will not be without good cause. Identify amount of compensation for each participant and justify.
 - g. TRAVEL - Limited to patient transport, public transportation, handicapped transport systems, etc. when such transport cannot be provided by the participating subject or caregiver. Purpose, distance, frequency must be documented. Note: Transportation of investigators or transfer of equipment will not be routinely funded unless there is a documented need.
 - h. COMPUTER TIME - Include justification based on established computer service rates at the proposing institution. Computer services will not be allowed if computer time, programmer costs, etc., are covered by student fees and/or tuition.
 - i. COPY SERVICE/DUPLICATING - Will generally not be reimbursed. Exceptions may be made with sufficient justification.
 - j. MAIL COST - Cost of mailing questionnaires, follow-up post cards, etc, will be covered if integral parts of study/project.
 - k. TELEPHONE - Long distance calls when necessary with validation.
 - l. OTHER - Itemize and justify.
3. Identify the total amount needed to carry out the research project and the amount requested.

Item IX. Academic Approval

Check to indicate if the study is or is not to fulfill an educational requirement.

If study is to fulfill an educational requirement, indicate whether approvals have been obtained. When not yet obtained, indicate projected data of final approval. Please know that only projects to fulfill post-entry level degree requirements are eligible for funding.

Item X. Certification

1. Sign as indicated.
2. Signing indicates understanding of, and agreement with, the requirements of the award limits/utilization of funds specified in section IV above.
3. Signing also indicates understanding of and attesting to provisions explained in section IX above.
4. If the study/project is to fulfill a post entry-level educational degree requirement, the signature of the Faculty Advisor is required.

APPLICATION FOR GRANT AWARD

PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR

(Please include: Name, Title, and Position of Principal Investigator)

Name: _____ APTA Member Number: _____
 Title/Position: _____
 Address: _____
 City: _____ State _____ Zip: _____
 Phone: _____ Email: _____

Names of Co-Investigators & Places of Employment:

1. _____
2. _____
3. _____

Title of Study/Project: _____

Location of Study: _____

Period of Proposed Activity Starting Date: _____ Ending Date: _____

Amount of Funds Requested from Ohio Physical Therapy Research Fund \$ _____

Attach a narrative description (not to exceed 5 pages) of the study/project with the following sections:

- Introduction: Include objective and specific aims
- Methods
- Resources Available
- Study Limitations
- Bio-sketch of Applicants
- Plans for Future Work & Sharing Results

ABSTRACT

Include, ON A SEPARATE SHEET OF PAPER, an abstract of no more than 500 words. Include: objective of study/specific aims, investigational design, subject description, procedures for sampling, interventions and data collection, data analysis and relevance of findings to Physical Therapy practice, education or administration.

CONSENT/VERIFICATION FORMS

Attach, as appropriate, copy of Human Subjects Informed Consent Form or Animal Research Committee approval.

IRB Approval Date: _____ **IACUC Approval Date:** _____

IRB or IACUC approval has not been obtained. I understand that funds will not be awarded until I show proof of approval

BUDGET SUMMARY

Amount requested from	Amount contributed
OPTA Research Fund: \$ _____	from other sources: \$ _____
Equipment Purchase/Rental: _____	
Supplies: _____	
Videotape, Cassettes: _____	
Clinical Site Fees: _____	
Personnel/Consultant Fees: _____	
Participant Support Costs: _____	
Travel Research Project: _____	
Computer Time: _____	
Copy Service/Duplicating: _____	
Mail Cost: _____	
Telephone: _____	
Other: _____	

Total Amount Necessary for Research: \$ _____

Total Requested from OPTA Research Fund: \$ _____

ACADEMIC APPROVAL

Is the research study part of a course of study for an educational degree? Yes No
 If "yes" is checked, has approval been received from all necessary committees & school authorities to pursue this study or project? Yes No
 If not yet approved, anticipated approval date: _____

Applications may be considered prior to receipt of this approval and grants may be awarded contingent upon notification of receipt of such approval.

CERTIFICATION

I certify that the statements herein are true and complete to the best of my knowledge and agree to any conditions placed on the award.

I certify that I have read and reviewed the:

- Ohio Physical Therapy Practice Act and Regulations of the State Board of Physical Therapy
- Code of Ethics and Guide for Professional Conduct of the American Physical Therapy Association
- The principal investigator maintains ownership of any equipment or materials, purchased by OPTA grant funding.
- I understand and agree that the use of grant funds is restricted to actual expenses of the study or project and may not be used for administrative overhead of the sponsoring institution.
- I agree to submit a report(s) as required by item VIII and follow the Credit Line provision of Item IX of the "Instructions for Grant Applicants", if the grant is awarded.
- I agree to return grant fund if this research study/education project is not completed or is substantially changed from the study/project as described in this application.

Signature of Person in Item 1 _____

Signature of Faculty
(when study/project fulfills educational degree requirements)

If grant is approved, to whom should the grant check be issued?

- Principal Investigator
- Institution/Other (Please provide specific name): _____
- Corporation (Please provide specific name): _____

INTERIM REPORT FORM

(Only required for projects lasting more than one year)

Principal Investigator: _____

Title of Study: _____

Projected Completion Date: _____

I. Respond to the following questions and provide a brief explanation on an attached page for any "no" responses.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Project is progressing as proposed.
<input type="checkbox"/>	<input type="checkbox"/>	Project is progressing on time.
<input type="checkbox"/>	<input type="checkbox"/>	Actual budget is meeting budget projections.

(Make and explain any adjustments on the copy of your projected budget provided)

II. Plans for dissemination of results.

Poster presentation: Yes No Where/when: _____

Oral Presentation: Yes No Where/when: _____

Publications: Yes No Where/when: _____

Other: _____ Where/when: _____

III. An interim report is required on longitudinal studies as provided in Instructions for Grant Applicants, Item VIII.

FINAL REPORT FORM

Principal Investigator:

Title of Study:

Projected Completion Date:

I. Please respond to the following questions and provide a brief explanation on an attached page for any "no" responses.

Project was completed as proposed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Project was completed on time	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Actual budget was as projected	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

(Make and explain any adjustments on the copy of your projected budget provided)

II. Plans for Dissemination of Results

A. Poster Presentation:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Where/When:				
B. Oral Presentation:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Where/When:				
C. Publication:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Where/When:				
D. Other:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

III. Please attach a research abstract or description of project outcome (100 words or less) suitable for publication in the Ohio Physical Therapy Association magazine or website.