SCHOOL OF MEDICINE
CASE WESTERN RESERVE
UNIVERSITY

School of Medicine – Office of Research Administration (SOM-ORA)
Under the Vice-Dean for Research
Bridge Funding Program

Bridge Funding Application

Instructions

Please include the following when submitting your application:

1. Cover letter from Chair
   o Outline support of request, benefits of bridge funding to the department and the institution
   o Identify department resources committed to support part or all of the project. The department is expected to match funds 1:1. If this is not possible, please contact our office to discuss other sources of matching funds.
2. Application – template on following page, please fill in completely. **If you do not use the template form, your application will be returned without review.**
3. Detailed budget – please include details on how the funding will be used. Use the categories provided or add to the 'other' section.
4. For Unfunded Applications, please include:
   o Priority scores
   o Funding cutoffs
   o Scientific review sheets (Summary Statements or pink sheets)
   o Statement on how you will respond to critiques
   o Statement of resubmission date – please state clearly whether new or resubmission
5. CV

Submit a pdf of the application to som-resadmin@case.edu with the subject: Bridge Funding.

o Applications will be reviewed for completeness
o Completed applications will be sent to our reviewers. Reviewers' comments and recommendations will be sent with the complete application to the Vice-Dean for Research
o Dr. Chance will make a recommendation to the Dean, who will make the final decision
o Announcements will be sent to both the Investigator and the Chair via email
o If the award is funded, a Notice of Internal Funding with terms and conditions will be included in the announcement, and must be signed before money will be disbursed
o If you have any questions, email som-resadmin@case.edu with the subject: Bridge Funding.

Awards:
- All expenses that support the research enterprise including personnel, supplies, animals, services, etc. are allowable
- **Faculty salaries are NOT allowable expenses**
- The maximum award is not to exceed $60,000 for **one year** (with a possible additional $60,000 coming from department matching funds). Only one award per investigator will be provided within a four year period. The total number of awards will depend on resources available
- If the investigator misses the deadline for grant resubmission as stated in the application, funding may be withdrawn and a written explanation will be required
- If the investigator receives outside funding from any source (non-NIH federal, state, foundation, etc.), bridge funding will be returned back to the pool immediately so future requests can be funded
- Awards are for one year (12 months). Any unspent funds after one year will be returned to the pool

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Applications are accepted on a rolling basis. (last updated: February 2022)

Application for Bridge Funding

Date:

Investigator Name:

Department:

Project Title:

Amount Requested:

Please specify amount requested from BFP and amount provided by department as match.

Current Research:
Please provide a summary of your current research, including a personal statement about your career at CWRU. Approximately ½-1 page.

Statement of how bridge funding will be applied and how it will lead to extramural funding:

History of External and Recent Internal Support:
Provide in the standard NIH 'Other Support' format

Statement of remaining funds in the laboratory:

Consequences to the research program because of lack of funding:

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Detailed Budget:

*Include statement of how bridge funds AND department matching funds will be used. Bridge funds and department matching funds may **not** be used for faculty salaries. The limit on funding is $60,000 from Bridge Funds and $60,000 from department match. If you request more, please provide sufficient justification.*

DETAIL OF MONTHLY EXPECTED BRIDGE FUNDING EXPENSES

Expense Category	Monthly $	# of Months	Total $
1). PERSONNEL			
TOTAL Personnel:			
2). CORE USE			
TOTAL Services:			
3). LAB SUPPLIES:			
TOTAL Lab Supplies			
TOTAL BRIDGE FUNDING REQUESTED			

Suggested disbursement plan: six payments, $_____ every two months starting _____.

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Current Funding and Application Status

1. **Recently funded grant project that you are looking to bridge (please list all if there were multiple funding sources)**

   Grant Number:
   Grant Title:
   Start/end dates:
   Total funding (all years):

2. **Renewal applications/new applications to continue project**

   Grant application title:
   Start/end dates:
   Total funding requested (all years):

   Priority Scores:

   Funding Cutoffs:

   Statement of how Investigator will respond to critiques:

   Statement of Expected Resubmission Date:

   External Scientific Review Sheets (Summary Statements or pink sheets): *Please provide as attachment to end of application*