Core Usage Funding Program

OVERVIEW

Purpose
To provide quick access to funding to use the Translational Technologies and Resources (TTR)-designated Core Resources. This funding supports research to advance medical knowledge that can improve human health. *The names of the eligible Core Resources are provided at the end of this document.*

The Core Usage Funding Program is designed to support clinical or translational projects. Basic research projects are ineligible. The supported studies may be either pilot projects, intended to generate preliminary data for larger studies, or projects nearing the final stages of completion but now require additional data the Core Resources can generate. It is expected that a Core Usage grant will be used to generate data to support an external grant submission or patent application.

Funding
Applicants may request up to $10,000 to use a TTR-designated Core Resource for up to one year.

Eligibility
Principal investigator (PI) must hold a faculty level appointment (Assistant Professor or higher).

Due dates
Applications are due by 5:00 pm on the 10th day (or first working day thereafter) of any month.

Decisions
Decisions are communicated to the PI on the 10th day (or first working day thereafter) of the month following the application.

Disbursement
Funds are available immediately upon notification that all IBC/IRB/IACUC approvals are in place.

APPLICATION

Considerations
A direct or clear link to human health or disease must be provided for proposals that include animal models or *in vitro* culture systems.

The PI must consult with the appropriate Core Director to discuss feasibility, cost, and a timeline *prior* to submitting an application. The Core Director must complete a Core Director Confirmation Form (linked to the application) that:

- Corroborates the interaction the applicant has had with the Core Director.
- Confirms that the requested service(s) is essential for an external grant submission or patent application.
- Includes an itemized quote for the requested services.

*It is strongly recommended* that applicants contact the Core Director no later than 10
business days prior to intended submission date. Core Directors who are not given at least 10 business days to consider the suitability of the proposal may, at their discretion, refuse to complete the Core Director Confirmation Form.

Submission process
Applications must be submitted through the following link:
https://redcap.ahc.umn.edu/surveys/?s=u9TFYs
Please contact Jessica Van Gilder at 612-626-6771 or vangi007@umn.edu with any questions about the submission process.

Review process
Proposals are administratively reviewed for completeness and are only forwarded to the Program Review Committee once all information is collected.

When deemed complete, the proposal is submitted to the Program Review Committee. The Program Review Committee may include the TTR Director, the ODAT Assistant Director, select Core Directors, and invited faculty as subject area experts.

The Program Review Committee will discuss and rank all applications received in a funding cycle. Important elements in the review process include:

1. **High translational potential**: Research that will be an important step toward the eventual goal of impacting human health; the pathway to this impact must be evident.
2. **Feasibility**: High likelihood that this project can be completed successfully in one year.
3. **Outcome**: High likelihood that data generated will be important in obtaining future extramural funding or filing a patent application.

Applications received before 5:00 pm CST on the 10th of a month (or the first working day after the 10th) will be reviewed and responded to by the 10th of the next month (or the first working day after the 10th). Those received after 5:00 pm CST on the 10th will be held for review until the following month.

AWARD TERMS

Notification
All applicants will be notified via email of the Program Review Committee’s decision.

- If an application is not approved for funding, then the PI may submit one revision.
  - In the revision, the PI must address the reviewers’ criticisms of the original application. There is a section on the application form for this purpose. Resubmissions must not exceed 3 pages in length.

Funding
PIs receiving approval for an award will be notified of the specifics via email.

- A PI may hold only one Core Usage award at a time.
- **Core Usage funds will not be allocated to the individual investigators.** Rather, the PIs will essentially receive a voucher for the services requested in the application.
If the PI and Core Director agree that some funds may be spent directly by the PI, then the amount and rationale must be noted in the itemized budget in the Core Director Confirmation Form. An example of an acceptable rationale is if the PI can purchase a reagent to be used by the Core Facility at a lower cost than the Core Facility would pay.

- Core Usage funds will be disbursed through the CTSI Administrative Core to the appropriate Core Resource.
- The funds will be available to the PI for up to 12 months.
- Per CTSI standard policy, ‘no-cost extensions’ are not permitted.
- There is approximately $100,000 allocated to the TTR Core Usage Program in FY14.

**Reporting**

- PI provides a brief report at 6 months into award period indicating what progress has been made.
- Final report is due at 12 months from PI and Core Director regarding outcome.
- PI needs to show data obtained from the Core Usage award generated publications, external funding, and/or intellectual property (IP) to permit future TTR applications.
- PI provides information about publications, grants, and IP annually for up to 5 years post-award.
- The names of projects and PIs funded through the Core Usage Program will be posted on the CTSI site and may be posted or submitted to the NIH.
- Investigators must acknowledge the UMN CTSA base grant in any publications resulting from the supported studies.

**Participating Cores**

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<thead>
<tr>
<th>Core</th>
<th>Contact Person/Title</th>
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<tbody>
<tr>
<td>BioNet¹</td>
<td>Carla Heinke, M.S. / Manager</td>
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<tr>
<td>Center for Magnetic Resonance Research²</td>
<td>Michael Garwood, Ph.D. / Professor</td>
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<tr>
<td>Center for Translational Medicine</td>
<td>Robert Schumacher, Ph.D. / Scientific Director</td>
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<tr>
<td>Comparative Medicine</td>
<td>Robert Washabau, V.M.D., Ph.D. / Director</td>
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<tr>
<td>Experimental and Clinical Pharmacology</td>
<td>Richard Brundage, Pharm.D., Ph.D. / Director</td>
</tr>
<tr>
<td>Institute for Therapeutics Discovery and Development</td>
<td>Vadim Gurvich, Ph.D., M.B.A. / Associate Director</td>
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<tr>
<td>Medical Devices Center</td>
<td>Arthur Erdman, Ph.D. / Director</td>
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<tr>
<td>Molecular and Cellular Therapeutics</td>
<td>David McKenna, M.D. / Director</td>
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<tr>
<td>University of Minnesota Genomics Center</td>
<td>Kenneth Beckman, Ph.D./Director</td>
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Preferred Projects

1. **BioNet**: Studies requesting the generation of tissue microarrays have a low probability of being reviewed favorably because the cost of this service is not commensurate with the amount of the Core Usage award.

2. **CMRR**: The two types of studies described below have the highest probabilities of being reviewed favorably because their anticipated costs are commensurate with the amount of the Core Usage award.

   The first is neuroimaging of human subjects by magnetic resonance imaging (MRI) using the 3 Tesla (3T) scanner. Proposals may include the following types of MRI: 1) anatomical imaging (T1-, T2-, and PD-weighted), 2) functional imaging (fMRI), 3) diffusion imaging (including apparent diffusion coefficient [ADC] and fractional anisotropy [FA]), 4) contrast-enhanced MRI (including dynamic contrast-enhanced [DCE] scans), and 5) single-voxel proton MR spectroscopy. Please contact Bryon Mueller (muell093@umn.edu) for more information on proposed 3T scanner-based MR studies.

   The second is human or animal imaging by positron emission tomography (PET) and computerized tomography (CT). The types of PET/CT methods supported include: 1) dynamic imaging of the brain, heart, liver, and other major organs, 2) scans utilizing commercially available radiopharmaceuticals (e.g. FDG, AV-45, FLT, NaH3), and 3) kinetic modeling of extraction and perfusion. Please contact Joanne Johnson (johnsonjl@umn.edu) for more information on proposed PET/CT studies.