



Date Submitted		Tax I.D. Number	
1. Title of Proposal			
2. Applicant Organization/University, College, and Department			
3. Principal Investigator (P.I.)			
Name			
Mailing Address			
City, State, Zip			
Phone Number		Fax Number	
Co-Principal Investigator			
Name			
Mailing Address			
City, State, Zip			
Phone Number		Fax Number	
Co-Principal Investigator			
Name			
Mailing Address			
City, State, Zip			
Phone Number		Fax Number	
4. Grants Management Officer			
Name			
Mailing Address			
City, State, Zip			
Phone Number		Fax Number	
5. Proposed Dates of Entire Project Period			
Beginning Date		Completion Date	
6. Funds Requested from ODMH for Entire Project Period			\$
7. Breakdown of Requested Funds by Fiscal Year (July 1 - June 30)			
(a) Funds within First F.Y. or Part of F.Y.	\$	Fiscal Year	
(b) Funds within Second F.Y. or Part of F.Y.	\$	Fiscal Year	
(c) Funds within Third F.Y. or Part of F.Y.	\$	Fiscal Year	

8. PROTECTION OF RESEARCH PARTICIPANTS (RESPONDENTS)

Characteristics of Group(s)

Describe the characteristics of the participants: (If additional space is needed for an item, please attach a separate sheet.)

(a) Gender, race, or ethnic group, age range, etc.:

(b) Affiliation of participants, e.g., institutions, hospitals, community agencies, general public:

(c) Participants' general state of health (mental or physical):

Special Groups

If participants are children, mentally incompetent, or legally restricted groups, give explanation as to:

(a) The necessity for involving these particular groups:

(b) Why adult "normal" groups cannot participate instead (specifically):

8. PROTECTION OF PARTICIPANTS (RESPONDENTS) (continued)

Type of Consent

What precautionary measures will be taken to insure the protection of participants on physical, psychological, social, legal and other issues?

(a) Type of consent to be obtained (written or oral): (Attach a copy of consent form, if one is to be used.)

(b) Describe procedures for obtaining informed consent:

(c) If participants are minors or mentally incompetent, describe how and by whom permission will be granted:

Confidentiality of Data

What precautions will be taken to safeguard identifiable records of individuals? These questions also apply if secondary sources of data will be used.

(a) Consider the long-range use of data (by you and others):

(b) Consider the immediate use of data (by you and others):

(c) Describe the specific procedures to be used to ensure confidentiality of data:

8. PROTECTION OF PARTICIPANTS (RESPONDENTS) (continued)

Risks to Participants

Describe in detail any physical, psychological, social, legal, economic, or other risks you can foresee, both immediate and long range.

(a) Immediate risks:

(b) Long-range risks:

(c) Rationale for the necessity of such risks:

(d) Alternatives that were or will be considered:

(e) Why alternatives may not be feasible:

8. PROTECTION OF PARTICIPANTS (RESPONDENTS) (continued)

Potential Benefits

Is this research expected to be of immediate benefit to the participants?

_____ Yes _____ No

If "no," please answer each of the following:

(a) What other methods were or will be explored?

(b) Describe the importance of the knowledge to be gained:

(c) Describe why you expect the value of the information gained in this study to outweigh the risks involved (as detailed in "Risks to Participants" section, page 4):

Additional Comments

9. ABSTRACT

Please summarize the major components of your proposed research. (Please do not merely refer to the proposal.)

10. SIGNIFICANCE

Please briefly describe the significance of your project.

How will the investigation advance the state of knowledge in a particular area or contribute to the field of mental health?

[Empty text box for describing the significance of the project]

RESEARCH PROPOSAL ABSTRACT FORM

Ohio Department of Mental Health

DMH-RES-617

11. Dissemination

Please describe your dissemination plans. Identify where you expect to submit a manuscript for publication and where you expect to present findings (e.g., professional conferences):

12. Special Arrangements

Describe any special administrative arrangements (e.g., collaboration with investigators from other institutions, community agencies). If investigators from outside agencies and/or institutions are involved, list their names, affiliations, and the role(s) they will play in this project:

13. Certification and Acceptance

We, the undersigned, certify that the statements herein are true and complete to the best of our knowledge and accept, as to any grant awarded, the obligations to comply with Department of Mental Health, State of Ohio, terms and conditions in effect at the time of the award. (Note: One copy of this document must contain original signatures.)

Date	Signature of Principal Investigator and Title
Date	Signature of Grants Management Officer and Title
Date	Signature and Title
Date	Signature and Title

BUDGET ITEMIZATION (Submit one for each fiscal year or part of fiscal year.)

Project Title						
Fiscal Year		Date From		Date To		
PERSONNEL		REQUESTED AMOUNTS (omit cents)				
Name	Title	% of Time*	Salary	Fringe Benefits	Allocated From Other Sources	Requested from ODMH
	P.I.					
Personnel Total:						
CONSULTANT COSTS (list type)						
Consultant Total:						
PARTICIPANT COSTS (itemize)						
Participant Total:						
EQUIPMENT (itemize)						
Equipment Total:						
SUPPLIES (itemize)						
Supplies Total:						
OTHER COSTS						
In-state Travel						
Out-of-state Travel						
Other Expenses (itemize)						
Other Total:						
TOTAL DIRECT COST						
TOTAL INDIRECT COST						
Allowable: 15% of Personnel Costs for Regular Grants; 10% of Total Direct Costs for Small Grants						
TOTAL DIRECT AND INDIRECT COST						

* 40 hours=100%