

NEW JERSEY COMMISSION ON BRAIN INJURY RESEARCH

EVALUATION FORM

All post-termination grant evaluations are due to the New Jersey Commission on Brain Injury Research office by August 29 for all grant categories. Please complete and return the form to the New Jersey Commission on Brain Injury Research, PO Box 360, 369 S. Warren Street, 5th Fl, RM 502. Trenton, New Jersey 08625.

This evaluation is important to us and the information you provide will help us gauge the success of our research grants program and think strategically about ways to make it more responsive to gaps and barriers to progress in the field of brain injury research. Pages may be attached as additional space is needed.

Principal Investigator Name: _____

Organization/Institution Name & Address:

Telephone Number: _____

Grant Title: _____

Grant Number: _____ Grant Period: _____

I. Are you currently pursuing the line of investigation initially funded by the NJCBIR under the above-referenced grant?

_____ Yes _____ No

If yes, please explain the continuing studies:

II. Did this award enable you to pursue a new or additional research path that would have been unlikely otherwise?

_____ Yes _____ No

If yes, please explain: the path, its relevance to the NJCBIR's goal of developing effective interventions and cures for the disabilities associated with traumatic brain injury, and its impact on your own research interests and pursuits:

III. Did this award enable you to develop pilot data used to secure subsequent awards from NIH or other funding sources?

_____ Yes _____ No

If yes, detail agency(ies), amount of award(s) and percent of award in which you would estimate NJCBIR funding played a role:

If yes, were these pilot data CRITICAL, IMPORTANT or PERIPHERAL to the subsequent funding award(s)?

IV. Did this award help launch the scientific career(s) of your student(s), postdoc(s), and/or other(s) involved in the project? If yes, who, and are they still involved in research relevant to the NJCBIR's goals?

V. Describe any other important effect(s) the NJCBIR's support had on your laboratory and/or those in it.

VI. Has the research supported by the NJCBIR led to clinical applications/clinical trials?

_____ Yes _____ No

If yes, please briefly describe:

If no, is there a realistic possibility of clinical applications in the foreseeable future?

If so, in what time frame?

VII. List and include copies of all publications that have emerged from this award.

VIII. List any patents (or applications for) that are connected with this award.

IX. Please list any suggestions for improving the grant process, including application, reporting, outreach, and other parts of the program: