



**Ohio Water Resources Center**

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**Subject: FY 2023 Ohio WRC “Time Critical” Research RFP**  
**From: John J. Lenhart, Co-Director**  
**Linda K. Weavers, Co-Director**  
**Ohio Water Resources Center, The Ohio State University**  
**Date: April 5, 2023**

With the recent environmental disaster in East Palestine, the Ohio Water Resources Center at The Ohio State University has opened a flexible request for research proposals to address **time critical** water resources issues in the state of Ohio. This funding mechanism is used for proposals having urgency with regard to availability of, or access to data, including quick response research on natural or anthropogenic disasters and similar unanticipated events. It may be possible to use this time critical RFP for cost-share with other funding. Contact [ohiowrc@osu.edu](mailto:ohiowrc@osu.edu) to determine if a project may fit into this category of urgency prior to submission.

We envision up to \$10,000 will be available per research project. The funded projects require a cost share of one cost-share dollar for every dollar funded (1:1 ratio). Indirect cost is not supported by the sponsor, but may be counted as part of the cost-share match. Equipment purchases are not normally supported.

**ELIGIBILITY:** Any investigator at an institution of higher learning in Ohio is eligible to apply. The application has to be for time critical research.

Each application must be submitted through the Ohio Water Resources Center email [ohiowrc@osu.edu](mailto:ohiowrc@osu.edu).

## **PROPOSAL SUBMISSION GUIDELINES.**

Each proposal shall consist of the following elements.

### **Cover Page** Including:

1. Title. Concise but descriptive.
2. Project Type. Choose from the following: Research, Information Transfer, Information Management System, Education, or Other (please specify).
3. Keywords. Enter keywords of your choice which are descriptive of the work.
4. Start Date. Enter the expected start date for the project.
5. End Date. Enter the estimated end date for the project.
6. Principal investigator(s). Provide name, academic rank, university, email address and phone number of the principal investigator(s) and co-PI(s).

7. Congressional District, where the work is to be conducted.
8. Abstract. Provide a brief (half-page) description of the problem, methods, and objectives.

**Project Description** including Objectives, Methodology and Rationale, 3 pages maximum. It is imperative to describe why the proposed project is time critical in nature.

**Matching Funds Commitment Letter.** The applicant shall provide an institutional cost-sharing agreement (letter) signed by an official authorized to commit the applicant to all or part of the matching share or a third party, in-kind contribution signed by an official authorized to commit the third party.

**Budget Breakdown**, (See Appendix A).

**Budget Justification**, (See Appendix B).

**Investigator's Qualifications.** Include resume(s) of the principal investigator(s). No resume shall exceed two pages or list more than 15 pertinent publications.

**INQUIRIES:** If you have any questions regarding this grant opportunity, please contact Dr. John Lenhart (phone: 614 688-8157; e-mail: [lenhart.49@osu.edu](mailto:lenhart.49@osu.edu)) or Dr. Linda Weavers (phone: 614-292-4061; e-mail: [weavers.1@osu.edu](mailto:weavers.1@osu.edu)). Due to the short time span for review, prior notification to [ohiowrc@osu.edu](mailto:ohiowrc@osu.edu) of your intent to submit a proposal and a tentative title is appreciated.

**Appendix A**  
**BUDGET BREAKDOWN**

Project Title:

<b>Cost Category</b>	<b>Sponsor \$</b>	<b>Cost-Share \$</b>	<b>Total \$</b>
<b>SALARIES AND WAGES</b>			
Principal Investigator(s)			
Graduate Student(s)			
Undergraduate Student(s)			
Others			
<b>Total Salaries and Wages</b>			
<b>FRINGE BENEFITS</b>			
Principal Investigator(s)			
Graduate Student(s)			
Undergraduate Student(s)			
Others			
<b>Total Fringe Benefits</b>			
<b>TUITION</b>			
Graduate Student(s)			
Undergraduate Student(s)			
<b>Total Tuition</b>			
Supplies			
Equipment			
Services or Consultants			
Travel			
Other Direct Costs			
<b>Total Direct Costs</b>			
Indirect cost on on-sponsor share	XXXXX		
Indirect cost on non-cost-share component	XXXXX		
<b>Total Estimated Costs:</b>			

**Appendix B  
BUDGET JUSTIFICATION**

Project Title:

<b>Salaries and Wages for PIs.</b> Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual.
<b>Salaries and Wages for Graduate Students.</b> Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual. (Other forms of compensation paid as or in lieu of wages to students performing necessary work are allowable provided that the other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work. Also, note that tuition has its own category below and that health insurance, if provided, is to be included under fringe benefits.)
<b>Salaries and Wages for Undergraduate Students.</b> Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual. (Other forms of compensation paid as or in lieu of wages to students performing necessary work are allowable provided that the other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work. Also, note that tuition has its own category below and that health insurance, if provided, is to be included under fringe benefits.)
<b>Salaries and Wages for Others.</b> Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual.
<b>Fringe Benefits for PIs.</b> Provide the overall fringe benefit rate applicable to each category of employee proposed in the projects. Note: include health insurance here, if applicable.
<b>Fringe Benefits for Graduate Students.</b> Provide the overall fringe benefit rate applicable to each category of employee proposed in the projects. Note: include health insurance here, if applicable.
<b>Fringe Benefits for Undergraduate Students.</b> Provide the overall fringe benefit rate applicable to each category of employee proposed in the projects. Note: include health insurance here, if applicable.
<b>Fringe Benefits for Others.</b> Provide the overall fringe benefit rate applicable to each category of employee proposed in the projects. Note: include health insurance here, if applicable.
<b>Tuition for Graduate Students.</b> Provide time & amount. In-state or Out-of-state tuition?

**Tuition for Undergraduate Students.** Provide time & amount. In-state or Out-of-state tuition?

**Supplies.** Indicate separately the amounts proposed for laboratory and field supplies followed by a breakdown of the supplies in each category.

**Equipment.** Identify non-expendable personal property having a useful life of more than one (1) year and an acquisition cost of more than \$5,000 per unit. If fabrication of equipment is proposed, list parts and materials required for each, and show costs separately from the other items. A detailed breakdown is required.

**Services or Consultants.** Identify the specific tasks for which these services, consultants, or subcontracts would be used. Provide a detailed breakdown of the services or consultants to include personnel, time, salary, supplies, travel, etc. A breakdown is required for each cost.

**Travel.** Provide purpose and estimated cost for all travel. A breakdown should be provided to include location, number of personnel, number of days, per diem rate, lodging rate, mileage and mileage rate, airfare (whatever is applicable).

**Other Direct Costs.** Itemize costs not included elsewhere, including publication costs. Costs for services and consultants should be included and justified under "Services or Consultants" (above). Please provide a detailed breakdown for costs listed under this category.

**Indirect Costs.** Provide negotiated indirect ("Facilities and Administration") cost rate. If indirect costs are provided, please include a copy of your current Indirect Cost Rate Agreement so the rate can be verified.