

**NEW JERSEY COMMISSION ON SPINAL CORD RESEARCH  
EVALUATION FORM**

An Evaluation Form must be submitted to the NJCSCR office following the termination of a grant award. Your post-termination grant evaluation is now due to the New Jersey Commission on Spinal Cord Research office. Please complete and return the form to the New Jersey Commission on Spinal Cord Research, PO Box 360, 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 spinal cord repair. Pages may be attached if 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 NJCSCR 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 NJCSCR's goal of developing treatments and cures for spinal cord 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 NJCSCR 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 NJCSCR's goals?**

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

**VI. Has the research supported by the NJCSCR 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:**