Practice Based Research Network



# (PBRN) Stimulation Grant

#  Application

 **Application Instructions -** [**www.aafpfoundation.org/Research**](http://www.aafpfoundation.org/Research)

1. Study Title
2. Name of Applicant’s Practice Based Research Network (PBRN) and Nature of Association or Affiliation with that PBRN.
3. Contact information for the principal investigator and each co-investigator (See instructions).
4. Total Amount of Grant Funds Being Applied for From the AAFP Foundation, the Total Cost of the Study, and the Percent of the Total Project Cost the AAFP Foundation Amount Represents
5. Proposed Length of Project Including the Anticipated Beginning and Completion Date
6. Name of the Applicant Organization/Institution
7. Name of Authorized Official, Title, Office Address and Phone Number
8. Hypothesis (limited to 120 words)
9. Abstract (limited to 250 words)
10. Background, Methods and Data Analysis Section (limited to 3 pages)
11. **Background**
12. **Methods**
13. **Analysis**
14. **References for Background, Methods, and Analysis Section**
15. **Budget**

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| --- | --- | --- | --- | --- |
|  | **AAFP Request** | **In-kind** | **Other Grant Funds** | **Total** |
| **Salary and Wages**  |  |  |  |  |
| **Payroll Taxes & Fringe Benefits** |  |  |  |  |
| **Consultants** |  |  |  |  |
| **Travel** |  |  |  |  |
| **Computer Support** |  |  |  |  |
| **Communications** |  |  |  |  |
| **Supplies and Materials** |  |  |  |  |
| **Equipment** |  |  |  |  |
| **Other Direct Expenses** |  |  |  |  |
| **GRAND TOTAL** |  |  |  |  |

1. **Budget Justification**
2. **Description of Practice Based Research Network**
3. **IRB Approval and Informed Consent**
4. **List of Appendices**
5. Biographical Sketch(es)

Provide for each investigator listed on page one the following information beginning with the Principal Investigator.

|  |  |
| --- | --- |
| **Name** | **Position Title** |
| **Education** (Begin with baccalaureate or other initial professional education, and include postdoctoral training.) |
| **Institution and Location** | **Degree** | **Year** **Conferred** | **Field of Study** |
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| **Research and Professional Experience**(Concluding with present position, list, in chronological order, previous employment, experience, and honors. List in chronological order the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. (**Do Not Exceed Two Pages**.) |
|  |

1. Special Section for Applications Resubmitted for Consideration

**Resubmission**: [ ]  Yes [ ]  No **(**double Click on Yes/No response**)**

*If yes,* provide a brief summary of how the cited deficiencies in the original application have been addressed.

1. Applicant Agreement

In the event a grant is awarded to support this application, the applicant and applicant organization/institution agree to adhere to all award conditions specified by the AAFP Foundation as outlined in the instructions available at www.aafpfoundation.org/research.

 Typed Name and Signature of Principal Investigator Date

 Typed Name and Signature of Authorized Official Date

**Please indicate below how you FIRST learned about the AAFP Foundation’s research grant programs.**

 **AAFP Foundation’s Website (www.aafpfoundation.org)**

 **AAFP’s website (www.aafp.org)**

 **AAFP Annual Scientific Assembly**

 **North American Primary Care Research Group (NAPCRG)**

 **National Conference of Family Medicine Residents and Students**

 **Residency director**

 **Faculty**

 **Colleague**

 **Other**

**Questions?**

Please contact Sharon Hunt at shunt@aafp.org

or by calling 1-800-274-2237 x4474.