Resident Research Grant



# Application

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

1. Study Title
2. Name of Resident Investigator(s), Title, Department, AAFP Resident Membership ID Number(s), Address, Phone, and E-Mail for all members on the Research Team
3. Name of Mentor, Title, Department, Address, Telephone Number and E-mail Address
4. Total Amount of Grant Funds Being Requested, the Total Cost of the Study, and the Percent of the Total Project Cost the AAFP Foundation Amount Represents (include other grant funds secured and in-kind support).
5. Proposed Project Length (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**

|  |  |
| --- | --- |
| 1. Salaries and Wages | $ |
| 2. Payroll Taxes and Fringe Benefits | $ |
| 3. Consultants | $ |
| 4. Travel | $ |
| 5. Computer Support | $ |
| 6. Communications | $ |
| 7. Supplies and Materials | $ |
| 8. Equipment Rental | $ |
| 9. Other Direct Expense | $ |
| Total | $ |

1. **Budget Justification**
2. **IRB Approval and Informed Consent** Will you use Human subjects? \_\_\_ Yes **\_\_\_\_** No

*If yes*, Institutional Review Board (IRB) approval will be required before funds are dispersed.

1. **List of Appendices**
2. Biographical Sketch(es)

Provide for each investigator and mentor listed on page 1 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**.) | | | | |
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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 guidelines which accompanied this application.

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?**

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