Print Form

American Fibromyalgia Syndrome Association, Inc.
7371 E Tanque Verde Road • Tucson, AZ 85715
Phone: **(520) 733-1570** • Fax: **(520) 290-5550**
E-mail: **kthorson@afsafund.org** • Website: **www.afsafund.org**

RESEARCH GRANT APPLICATION

Title of Project: _____

Total Amount Requested: $_____ (U.S. Funds) Today's Date: _____

Name: _____

Position Title: _____ Institute: _____

Address: _____

_____

Telephone: (_____) _____ Fax number: (_____) _____

E-mail: _____

Type of Grant: ☐ Clinical ☐ Basic IRB: ☐ Enclosed ☐ Pending

Will human or animal subjects be involved in the research project? ☐ Yes ☐ No

If yes, enclose appropriate human or animal compliance forms. See instructions, #6, page *iv*. If an IRB is pending, please indicate. However, a signed IRB must be submitted before a project can be awarded.

Official financial manager to be notified if grant award is made:

Name (please specify a person): _____

Address: _____

_____

Phone Number of above official: (_____) _____

Check to be made payable to: _____

Check to be mailed to (name and address): _____

Please specify who's attention the check should be mailed to, i.e. a person's name. _____

_____

Signature of Official: _____ Signature of Applicant: _____

PLEASE PROVIDE SCIENTIFIC ABSTRACT BELOW: (200 words or less.)

PROPOSED BUDGET

Please provide itemized budget and narrative justification. **NO INDIRECT COSTS ARE ALLOWED.**

I. PERSONNEL: (names, positions of all participants, percentage of time) Subtotal: $ _____

II. PERMANENT EQUIPMENT: (itemize) Subtotal: $ _____

III. CONSUMABLE SUPPLIES: (itemize) Subtotal: $ _____

IV. OTHER EXPENSES: (itemize and explain specific need) Subtotal: $ _____

Total Grant Request: $ _____ (U.S. Funds)

V. OTHER SUPPORT: (Include ALL government, non-government, institutional, and private grants. Please provide project titles, starting and ending dates, years of support, and amounts.)

1. Active: Amount: $ _____

2. Pending: Amount: $ _____

Total Other Support: $ _____ (U.S. Funds)

VI. BUDGET JUSTIFICATION: (Please explain specific needs, especially if equipment costs exceed 25% of the total budget request.)

RESEARCH DESCRIPTION

Principal Investigator: _____

Title of Project: _____

RESEARCH DESCRIPTION: (Total 5 pages or less, excluding references, bibliography, charts and graphs, typed on one side of the page only, with 1" margins and 10-12 point font size. All pages in excess of 5 will be discarded. Please use attached pages 6-10 for this description.)

Principal Investigator: _____

Principal Investigator: _____

Principal Investigator: _____

Principal Investigator: _____

BIOGRAPHICAL SKETCH

Principal Investigator: _____

Give the following information for the key personnel, consultants, and collaborators. Begin with the principal investigator/program director. **Photocopy this and the following page for each person.**

Name	Position Title

Education (begin with baccalaureate or other initial professional education, such as nursing and include postdoctoral training)

Institution and Location	Degree	Year Conferred	Field of Study

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Key personnel include the principal investigator and any other individuals who participate in the scientific development or execution of the project. Key personnel typically will include all individuals with doctoral or other professional degrees, but in some projects will include individuals at the masters or baccalaureate level, provided they contribute in a substantive way to the scientific development or execution of the project. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, 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.**

Principal Investigator: _____

LAY LANGUAGE ARTICLE

Principal Investigator: _____

Title of Project: _____

ARTICLE (Project Summary): In about 600 words, describe the aim(s) of your study and why your project is important for people with fibromyalgia (try to minimize technical language and explain all scientific terms). If you are funded, this article will be used to explain how funds donated to AFSA have been spent. Please do not describe fibromyalgia. Almost all donors are patients or have relatives with fibromyalgia and are very familiar with the condition. You may attach a second page if more space is needed, or reduce font size to 10 points.

COMPLIANCE WITH GOVERNMENT REQUIREMENTS

These statements need to be filled out and signed by an individual who is authorized to assume the following obligations on behalf of the institution.

_____ agrees if a research grant is awarded by the American
(Principal Investigator or Institution)

Fibromyalgia Syndrome Association, Inc. (AFSA) to _____
(Applicant or Principal Investigator)

for the project _____ and if human subjects are used in any of
(Project Title)

the activities supported by such award, that it will comply with all applicable U.S. Department of Health and Human Services regulations with respect to the rights and welfare of such subjects.

To the extent allowable by the State of _____, the _____
(State) *(Institution)*

agrees to indemnify and hold AFSA harmless from any claims arising from such activities, and acknowledges that AFSA does not and will not assume responsibility for the subjects involved.

APPROVAL REQUIRED BY THE DEAN OR HEAD OF INSTITUTION ON BEHALF OF INSTITUTION

Signature: _____ Date: _____

Name of Above: _____

Title: _____

COMPLIANCE WITH GOVERNMENT REQUIREMENTS

These statements need to be filled out and signed by an individual who is authorized to assume the following obligations on behalf of the institution.

_____ agrees if a research grant is awarded by the American
(Principal Investigator or Institution)

Fibromyalgia Syndrome Association, Inc. (AFSA) to _____
(Applicant or Principal Investigator)

for the project _____ and if animal subjects are used in any of
(Project Title)

the activities supported by such award, that it will comply with all applicable U.S. Department of Health and Human Services regulations with respect to the rights and welfare of such subjects.

To the extent allowable by the State of _____, the _____
(State) *(Institution)*

agrees to indemnify and hold AFSA harmless from any claims arising from such activities, and acknowledges that AFSA does not and will not assume responsibility for the subjects involved.

APPROVAL REQUIRED BY THE DEAN OR HEAD OF INSTITUTION ON BEHALF OF INSTITUTION

Signature: _____ Date: _____

Name of Above: _____

Title: _____