



**American Fibromyalgia Syndrome Association, Inc.**  
**PO Box 32698 • Tucson, AZ 85751**  
 Email: [kthorson@afsafund.org](mailto:kthorson@afsafund.org) • FAX: (520) 290-5550  
 Website: [www.afsafund.org](http://www.afsafund.org)

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## RESEARCH GRANT APPLICATION COVER SHEET

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Title of Project:

Total Amount Requested: \$ \_\_\_\_\_ (U.S. dollars) Today's Date: \_\_\_\_\_

Principal Investigator Name:

Position Title: \_\_\_\_\_ Institute: \_\_\_\_\_

Address:

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email:

IRB: Enclosed      Pending      Check boxes for the types of subjects to be used in the project:

Humans      Animals      Both      Be sure to enclosed appropriate compliance forms.

**Official Financial Manager to be notified if grant award is made (usually a Grants Officer):**

Name & Title (please specify person):

Address:

Phone Number of above official: \_\_\_\_\_ Email: \_\_\_\_\_

Check to be made payable to:

Check to be mailed to (name and address):

*Please specify whose' attention the check*

*should be mailed to, i.e., a person's name*

*in addition to the institution name*

Signature of Official: \_\_\_\_\_ Date signed: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date signed: \_\_\_\_\_

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PLEASE PROVIDE SCIENTIFIC ABSTRACT BELOW.



Please provide itemized budget (no indirect costs are allowed).

**I. PERSONNEL:** (names, positions, percentage of time, costs)

Subtotal: \$

**II. PERMANENT EQUIPMENT:** (itemize)

Subtotal: \$

**III. CONSUMABLE SUPPLIES:** (itemize)

Subtotal: \$

**IV. OTHER EXPENSES:** (itemize and explain specific needs)

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)

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Include a description of all six sections (A-F) specified in the application instructions.













Principal Investigator:

Title of Project:

Describe your study goals, how you hope to prove these goals, and why your project is important for people with FM. Try to minimize technical language and explain all scientific terms. Your audience consists mostly of patient donors to AFSA, so you do not need to describe FM.



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## **HUMAN SUBJECTS FORM**

### COMPLIANCE WITH GOVERNMENT REQUIREMENTS

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

(Principal Investigator's Institution) agrees if a research grant is awarded by the American Fibromyalgia Syndrome Association, Inc. (AFSA) to (Principal Investigator) for the project (Project Title) and if human subjects are used in any of the activities supported by such award, that it will comply with all applicable regulations in (Your Country) with respect to the rights and welfare of such subjects.

In addition, (Principal Investigator's 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: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_



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## **ANIMAL SUBJECTS FORM**

### COMPLIANCE WITH GOVERNMENT REQUIREMENTS

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

(Principal Investigator's Institution) agrees if a research grant is awarded by the American Fibromyalgia Syndrome Association, Inc. (AFSA) to (Principal Investigator) for the project (Project Title) and if animal subjects are used in any of the activities supported by such award, that it will comply with all applicable regulations in (Your Country) with respect to the rights and welfare of such subjects.

In addition, (Principal Investigator's 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: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Give the following information for the key personnel, collaborators, and consultants. Begin with the principal investigator. Five 2-page forms are included in this application.

Name:

Title/Position:

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

Institution and Location	Degree	Year	Field of Study

**RESEARCH AND PROFESSIONAL EXPERIENCE:** Concluding with present position, list in chronological order your previous employment experience. Then list in chronological order your complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT EXCEED TWO PAGES.

Name:



Give the following information for the key personnel, collaborators, and consultants. Begin with the principal investigator. Five 2-page forms are included in this application.

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