

# Application For Research Grant American Respiratory Care Foundation

*Follow Instructions Carefully*

Title of Application \_\_\_\_\_

Principal Investigator/Program Director \_\_\_\_\_

Name \_\_\_\_\_  
*Last first middle*

Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  
*Street City State Zip*

Position \_\_\_\_\_

Department, Service, Laboratory, or Equivalent \_\_\_\_\_

Telephone(\_\_\_\_\_) \_\_\_\_\_  
*Area Code Number Extension Email Address*

Major Subdivision \_\_\_\_\_

Human Subjects, Derived Materials or Data Involved?  No  Yes

Dates of Entire Proposed Project Period *From:* \_\_\_\_\_ *Through:* \_\_\_\_\_

Total Direct Costs Requested Project Period \$ \_\_\_\_\_

Performance Sites (Organizations and addresses) \_\_\_\_\_

Were any inventions conceived or reduced to practice during the course of the project?  No  Yes

Applicant Organization (Name, address) \_\_\_\_\_

Type of Organization:  Private Nonprofit  Public (Specify federal, state, or local): \_\_\_\_\_

Fiscal Officer (Name, title, address, telephone number) \_\_\_\_\_

Official Signing for Applicant Organization (Name, title, address, telephone numbers) \_\_\_\_\_

Principal Investigator/Program Director Assurance:

*I agree to accept responsibility for the scientific conduct of the project and to provide the required progress report if a grant is awarded as a result of this application.*

Signature of Principal Investigator/Program Director \_\_\_\_\_ Date \_\_\_\_\_  
*In ink. "Per" signature not acceptable.*

Certification and Acceptance:

*I certify that the statements herein are true and complete to the best of my knowledge, and accept the obligation to comply with ARCF terms and conditions if a grant is awarded as the result of this application.*

Signature of Applicant Organization Official \_\_\_\_\_ Date \_\_\_\_\_  
*In ink. "Per" signature not acceptable.*

# Application For Research Grant Abstract Of Research Plan

**Applicant Organization** (Name, address) \_\_\_\_\_

**Title of Application** \_\_\_\_\_

**All Personnel Engaged On Project, Beginning with Principal Investigator/Program Director**

|             |              |                   |
|-------------|--------------|-------------------|
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |
| <i>Name</i> | <i>Title</i> | <i>Department</i> |

**Abstract Of Research Plan:**

*Concisely describe the application's specific aims, methodology and long-term objectives, making reference to the scientific disciplines involved and the health-relatedness of the project. The abstract should be self-contained so that it can serve as a succinct and accurate description of the application when separated from it. **Do not exceed the space provided.***

**Laboratory Animals Involved.** *Identify by common names. If none, state "none".* \_\_\_\_\_

Principal Investigator/Program Director \_\_\_\_\_

### Table of Contents

Number pages consecutively at the bottom throughout the application. Do not use suffixes such as 5a, 5b. Type the name of the Principal Investigator/Program Director at the top of each printed page and each continuation page.

**Page Numbers**

Face Page, Abstract, Table of Contents.....1-3

Detailed Budget.....4

Biographical Sketch-Principal Investigator/Program Director (Not to exceed two pages).....

Other Biographical Sketches (Not to exceed two pages for each).....

Other Support.....

Resources and Environment.....

**Research Plan**

- A. Specific Aims (Not to exceed one page).....
- B. Significance (Not to exceed three pages).....
- C. Preliminary Studies (Not to exceed eight pages).....
- D. Methods.....
- E. Human Subjects, Derived Materials or Data.....
- F. Laboratory Animals.....
- G. Consultants.....
- H. Consortium Arrangements or Formalized Collaborative Agreements.....
- I. Literature Cited.....

**Appendix** (Four Sets, No Page Numbering Necessary for Appendix)

Number of publications: \_\_\_\_\_ Number of manuscripts: \_\_\_\_\_

Other items (list): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Principal Investigator/Program Director \_\_\_\_\_

**Detailed Budget** *Direct Costs Only*

**From:**

**Through:**

**Personnel (Applicant Organization Only)**

**Time/Effort**

**Dollar Amount Requested**

| Name  | Title            | % | Hours/Wk | Salary | Benefits | Totals |
|---|------------------|---|----------|--------|----------|--------|
|   | Principal Invest |   |          |        |          |        |
|   |                  |   |          |        |          |        |
|   |                  |   |          |        |          |        |
|   |                  |   |          |        |          |        |
|   |                  |   |          |        |          |        |
|   |                  |   |          |        |          |        |
|   |                  |   |          |        |          |        |
|   |                  |   |          |        |          |        |
|   |                  |   |          |        |          |        |
| <b>Subtotals</b>  |                  |   |          |        |          |        |
| Consultant Costs (See Instructions)   |                  |   |          |        |          |        |
| Equipment ( <b>Must be itemized</b> )                                       |                  |   |          |        |          |        |
| Supplies (Itemize by category/cost)   |                  |   |          |        |          |        |
| Travel  |                  |   |          |        |          |        |
| Contractual or Third Party Costs (See instructions)                         |                  |   |          |        |          |        |
| Other Expenses (Itemize by category/cost)                                   |                  |   |          |        |          |        |
| Total Direct Costs (Also enter on total direct costs requested for project) |                  |   |          |        |          | \$     |

Principal Investigator/Program Director \_\_\_\_\_

## Biographical Sketch

Give the following information for key professional personnel listed on page two, beginning with the Principal Investigator/Program Director, Photocopy this page for each person.

| Name | Title | Birthdate (mo/day/yr) |
|------|-------|-----------------------|
|      |       |                       |

**Education** (Begin with baccalaureate training and include postdoctoral)

| Institution and Location | Degree | Year Conferred | Field of Study |
|--------------------------|--------|----------------|----------------|
|                          |        |                |                |
|                          |        |                |                |
|                          |        |                |                |
|                          |        |                |                |
|                          |        |                |                |
|                          |        |                |                |
|                          |        |                |                |
|                          |        |                |                |

**Research and/or 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 recent representative publications, especially those most pertinent to this application. *Do not exceed two pages.*

## Other Support

*Use continuation pages if necessary*

For each of the professionals names on page two, list in three separate groups: (1) active support, (2) applications pending review and/or funding, (3) applications planned or being prepared for submission. Include all federal, non-federal, and institutional grant and contract support. If none, state "none". For each item give the source of support, identifying number, project title, name of principal investigator/program director, time or percent of effort on the project by professional named, annual direct costs, and entire period of support. (If part of a larger project, provide the titles of both the parent grant and the subproject and give the annual direct costs for each.) Briefly describe the contents of each item listed. If any of these overlap, duplicate, or are being replaced or supplemented by the present application, justify and delineate the nature and extent of the scientific and budgetary overlaps or boundaries.

**Principal Investigator/Program Director:**

1. Active Support:

## Resources and Environment

*Use continuation pages if necessary*

### Facilities:

Mark the facilities to be used and briefly indicate their capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Use "other" to describe facilities at other performance sites listed in Item 9, page 1, and at sites for field studies. Using continuation pages, if necessary, include a description of the nature of any collaboration with other organizations and provide further information in the *research plan*.

**Laboratory:**

**Clinical:**

**Animal:**

**Computer:**

**Office:**

**Other (\_\_\_\_\_):**

# Resources and Environment

*Continued*

**Major Equipment:**

List the most important items available for this project, noting the location and pertinent capabilities of each.

**Additional Information:**

Provide any other information describing the environment for the project. Identify support services such as consultants, secretarial, machine shop, and electronics shop, and the extent to which they will be available to the project.