

<h2 style="margin:0;">American Venous Forum</h2> <p style="margin:0;">RESEARCH GRANT APPLICATION</p> <p style="margin:0;">[] 2024 AVF-BSCI Translational Grant Application</p> <p style="margin:0;">[] 2024 AVF-JOBST Clinical Grant Application</p>	LEAVE BLANK—FOR AVF RESEARCH REVIEW COMMITTEE USE ONLY.	
	Grant Deadline	Grant Resubmission
	Review Date	Date Received

TITLE OF PROJECT		
CHECK TYPE OF APPLICATION	OUTCOMES <input type="checkbox"/> BASIC SCIENCE <input type="checkbox"/>	RESUBMISSION YES <input type="checkbox"/> NO <input type="checkbox"/>

PRINCIPAL INVESTIGATOR NAME <i>(Last, first, middle)</i>	DEGREE(S)
POSITION TITLE	E-MAIL:
SECTION	TELEPHONE:
UNIVERSITY MAILING ADDRESS	FAX:

MENTOR NAME	MENTOR DEPARTMENT & SECTION
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HUMAN SUBJECTS <input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", IRB approval date:	ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", IACUC approval date:
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DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i>	From	Through	Costs requested:
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Use of radioisotopes in or on humans	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of committee approval:
Use of radioactive materials	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of RPC approval:
Use of recombinant DNA	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify:
Use of human body substances	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify:
Use of etiologic agents	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify:
Use of proprietary materials	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify

FOR REVIEW COMMITTEE USE ONLY: (Assigned Reviewer) Name Address Telephone FAX E-Mail	FOR REVIEW COMMITTEE USE ONLY: (Assigned Reviewer) Name Address Telephone FAX E-Mail
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PRINCIPAL INVESTIGATOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.	SIGNATURE OF PI	DATE
MENTOR PRINTED NAME	SIGNATURE MENTOR <i>(required)</i>	DATE

Please briefly mention how you heard about this research grant opportunity?

DESCRIPTION/ABSTRACT. State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This description is meant to serve as a succinct and accurate description of the proposed work when separated from the application. If the application is funded, this description, as is, could become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.**

PERFORMANCE SITE(S) (*organization, city, state*)

KEY PERSONNEL

Name	Organization	Role on Project
_____	_____	PI
_____	_____	MENTOR

Type the name of the principal investigator and mentor.

AVF RESEARCH GRANT

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Budget justification.....	_____
Biographical Sketch-Principal Investigator (<i>Not to exceed two pages</i>)	_____
Biographical Sketch-Mentor (<i>Not to exceed two pages for each</i>)	_____

Research Plan

a. Specific Aims (<i>Items a-d not to exceed 6 pages</i>).....	_____
b. Background and Significance (<i>Items a-d not to exceed 6 pages</i>).....	_____
c. Preliminary Studies (<i>Items a-d not to exceed 6 pages</i>).....	_____
d. Research Design and Methods (<i>Items a-d not to exceed 6 pages</i>).....	_____
e. Human Subjects.....	_____
f. Vertebrate Animals.....	_____
g. Statistical evaluation	_____
h. Literature Cited	_____
i. Collaborators	_____
j. Consultants	_____

BUDGET JUSTIFICATION: (DO NOT EXCEED THE SPACE PROVIDED)

BIOGRAPHICAL SKETCH (PI)

Provide the following information for the key personnel **DO NOT EXCEED 2 PAGES.**

NAME		POSITION TITLE	
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

A. Positions and Honors: Professional Experience

Honors and Awards

B. Selected Peer-Reviewed Journals and Publications (Last 5 publications related to the subject)

BIOGRAPHICAL SKETCH (MENTOR)

Provide the following information for the key personnel **DO NOT EXCEED 2 PAGES.**

NAME		POSITION TITLE	
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
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Honors and Awards

B. Selected Peer-Reviewed Journals and Publications (Last 5 publications related to the subject)

RESEARCH PLAN

a. SPECIFIC AIMS *(Items a-d not to exceed 6 pages)*

b. BACKGROUND AND SIGNIFICANCE *(Items a-d not to exceed 6 pages)*

c. PRELIMINARY STUDIES *(Items a-d not to exceed 6 pages)*

d. RESEARCH DESIGN AND METHOD *(Items a-d not to exceed 6 pages)*

e. HUMAN SUBJECTS

f. VERTEBRATE ANIMALS

g. STATISTICAL EVALUATION

h. LITERATURE CITED

i. COLLABORATORS

j. CONSULTANTS