**American Hand Therapy Foundation**

**Grant Application Instructions and Forms**

**2019**

**These instructions/outline should be used when applying for any of the 3 following grants:**

1. Burkhalter New Investigator Grant for Clinical Research in Hand and Upper Limb Rehabilitation
2. Judy Bell-Krotoski “Grab the Evidence” Award
3. American Society of Hand Therapist’s Founder’s Award

**Instructions:**

* Please review the grant description, purpose, and funding amount(s) at [www.ahtf.org/grants](http://www.ahtf.org/grants).
* Use the Outline for Grant Proposals below as the template for writing your proposal.
* Note the page limits.
* Use the forms provided below where specified.
* All information listed in the Outline, required Forms (A-D), and proof of IRB approval MUST be included AND converted into a single pdf file prior to submission.
* Complete your application using Times New Roman or Arial 12-point font in black ink.
* References should be provided in the AMA format.
* Burkhalter and Grab-the-evidence proposals are due February 28. Founder’s Grant proposals are due March 1.
* Only projects with IRB approval will be considered for the 2019 cycle.
* For additional information, contact the Grants Manager at [grantsahtf@gmail.com](mailto:grantsahtf@gmail.com).

**Outline for Grant Proposals:**

|  |  |  |
| --- | --- | --- |
| **Section** | **Information** | **Number of Pages** |
| Cover Page | Includes the title of the project and award for which you are applying (ie, Burkhalter, Bell-Krotoski, or Founder’s Award) | 1 |
| Information Page | Includes contact information for principal investigator; institution and administrative official; Institutional Review Board status (approved IRB application is required for proposals in this cycle); time table; previous funding (date, and source) ***(Use Form A provided below)*** | 1-2 |
| Abstract | Abstract (275 word limit, excludes spaces) Headings must include: Background, Objective, Design, Methods, Limitations, and Clinical relevance | 1/2 |
| Project Overview | Overview of the project including 1) relevant background information/review of literature; 2) the problem statement(s) or gap in the literature; 3) overall objective of the project; and 4) specific aims and hypotheses. | 1-3 |
| Methods | Required sections include: research design, participants (number and justification using power analysis, inclusion and exclusion criteria), specific procedures and timeline, instrumentation ***(Form B provided below)***, and statistical analyses. When applicable, researchers should provide relevant pilot data collected and differentiate between what is published and what is not published. | <10 pages |
| Budget | Budget including 1) an itemized budget and 2) justification for each item. Note: AHTF funding does not cover salary support, start-up costs, or travel. | 1-2 |
| Personnel Summary Page | Personnel Summary Page ***(Form C provided below)*** | 1 |
| Biographical Sketch | Biographical Sketch ***(Form D provided below)*** | 1 per person |
| Resources | Resources including 1) space, 2) equipment, 3) availability of subjects, 4) other resources available for successful completion including letters of support from host institutions, data collection sites, and collaborators, and 5) timeline for completion | 1-2 |
| Dissemination Plan | Plans for dissemination. Note: The AHTF grant awards do not cover travel or other conference expenses for dissemination. | 1 |
| No limit | References in AMA format |  |

**Form A. Information page**

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| --- |
| **Descriptive title:** |
| **Grant (Burkhalter, Bell-Krotoski, or Founder’s):** |
| **Principal Investigator Information** |
| Name and credentials: |
| Contact information (mail, email, phone, fax): |
| **Institutional Information** |
| Applicant institution (name and address): |
| Type of organization (public or private): |
| Administrative official to be notified if award is made (name and contact information): |
| **Will human subjects be included (Yes/No)?** |
| **Proof of Institutional Review Board approval status (IRB approval is required for this review cycle):** |
| **Prior funding for the project (include source, amount, and dates):** |
| **Anticipated start date:** |
| **Anticipated completion date:** |
| **Signatures** |
| Applicant: |
| Organizational official: |

**Form B. Measurement Form**

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| --- | --- | --- | --- |
| **Outcome measure** | Reliability values, population studied, and complete reference | Validity values, population, gold standard used for comparison, and complete reference | Minimal detectable change or minimal clinical important difference values, and complete reference |
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*Add rows as needed*

**Form C. Personnel Summary Page**

|  |  |  |  |
| --- | --- | --- | --- |
| **Descriptive title:** | | | |
| **Key personnel** | **Name** | **Email** | **ASHT Membership (Yes/No)** |
| Principal Investigator: |  |  |  |
| Co-investigator: |  |  |  |
| Co-investigator: |  |  |  |
| Co-investigator: |  |  |  |
| Co-investigator: |  |  |  |
| Co-investigator: |  |  |  |
| Co-investigator: |  |  |  |
| Add lines as needed |  |  |  |

**Form D. Biographical sketch (Provide one for the primary investigator and each co-investigator or key personnel)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | | |
| **Title:** | | | |
| **Current country of residence:** | | | |
| **Education** | | | |
| Institution and location | Degree | MM/YY | Field of study |
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| **Licensure (jurisdiction and expiration date):** | | | |
| **Specialist certifications (type and expiration date)** | | | |
| **Professional experience (work and professional service)** | | | |
| Practice/ Institution location (most recent first) | Role | Years | Field of practice |
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| Add lines as needed |  |  |  |
| Peer-reviewed publications: | | | |
| Peer reviewed presentations: | | | |
| Current research support: | | | |
| Completed research support: | | | |
| Pertinent continuing education: | | | |