**American Hand Therapy Foundation**

**Grant Application Instructions and Forms**

**These instructions/outline should be used when applying for any of the three 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, requirements and responsibilities 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.
* All applications are due March 1.
* For additional information, contact the Grants Manager at grants@ahtf.org.

**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 an overview of the project, contact information for principal investigator; institution and administrative official; Institutional Review Board status; time table; previous funding, date, and source ***(Use Form A provided below)*** | 1-2 |
| Abstract | Abstract  | 1  |
| Project Overview | Overview of the project including 1) relevant background information; 2) a problem statement; 3) overall objective of the project; and 4) specific aims, goals, including planned outcome measures. | 1-3  |
| Significance of the Study | Significance (the impact successful completion of your project is likely to have) and innovation (a new way to address a problem related to hand therapy) | ~1/2 page |
| Background and Literature Review | Background and review of published literature  | 1-2  |
| Prior Data | Prior or preliminary data if applicable (Distinguish published data from unpublished data using appropriate AMA formatting) | 1-2 |
| MethodsQuantitative | Methods including: research design, participants (number and justification using power analysis, inclusion and exclusion criteria), specific procedures, instrumentation ***(Form B provided below)***, and statistical analyses | <10 pages |
| Methods Qualitative | Methods including: Research design, participants, specific procedures, instrumentation and qualitative analyses | < 10 pages |
| Timeline | Timeline of data collection, analysis, dissemination of results | 1 |
| Budget | Budget including 1) an itemized budget and 2) justification for each item | 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, and 4) other resources available for successful completion | 1-2 |
| Dissemination Plan | Plans for dissemination. Note: The AHTF grant awards do not cover travel or other conference expenses for dissemination. | 1 |
|  | References in AMA format | No limit |

**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/ Clinic 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 (re):** |
| **Prior funding for the project (include source, amount, and dates):** |
| **Anticipated start date:** |
| **Anticipated completion date:** |
| **Signatures** |
| Applicant: |
| Organizational official: |

**Form B. Measurement Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome measure****Quantitative** | 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 |
|  |  |  |  |
|  |  |  |  |
| **Outcome measure Qualitative** | Methods to improve reliability of themes |  |  |
|  |  |  |  |
|  |  |  |  |

*Add rows as needed*

**Form C. Personnel Summary Page**

|  |
| --- |
| **Descriptive title:** |
| **Key personnel** | **Name** | **Email**  | **ASHT Membership (Yes/No) Include member number** |
| 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Add lines as needed |  |  |  |
| Personal statement:  |
| Positions and honors: |
| Peer-reviewed publications: |
| Peer reviewed presentations: |
| Current research support: |
| Completed research support: |
| Pertinent continuing education: |