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| Image 2 | The American Hand Therapy Foundation’s mission is to improve patient outcomes by promoting evidence-based practice through funding clinical and scientific research and education.*AHTF is committed to promoting a culture that respects diversity, inclusion, equity, and justice for all stakeholders involved in the delivery and research of upper extremity care.* |

**American Hand Therapy Foundation**

**Grant Application Instructions and Forms**

**These instructions and 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. Tri-Alliance Grant Honoring ASHT Founders

**Allowable funds:**

Allowable requests are to cover the expenses of consultants, equipment, supplies, patient care costs or other itemized expenses related to completing the project.

Salary may be requested for the principal investigator in the amount of up to 20% of the total requested amount. Up to $1000 may be requested to reimburse the costs for IRB applications leading to approval for the project when an external company is used.

No funding will be provided for other expenses such as institutional indirect costs, travel expenses, or start-up equipment such as computers or basic computer programs (e.g., SPSS, Office, etc.).

**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 as the template for writing your proposal.
* Note the page limits.
* Use the forms provided where specified.
* All information listed in the Outline, required Forms (A-D), and proof of IRB ethics review MUST be included AND converted into a single pdf file for submission.
* Complete the application using Times New Roman or Arial 12-point font.
* References should be provided in the AMA format or style.
* All applications are due March 1.
* For additional information, contact the Grants Director at grants@ahtf.org.

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| **Outline for Grant Proposals** |
| **Section** | **Information** | **Numbers of Pages** |
| Cover Page | Includes title of the project and identifies award for which applying (Burkhalter, Bell-Krotoski, or Tri-Alliance Grant) | 1 |
| Information Page | Includes an overview of the project, contact information for principal investigator; institution and administrative official; Institutional Review Board status; timetable; 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/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: AHTF grant awards do not cover travel or other conference expenses for dissemination. | 1 |
| References | AMA format | No limit |

**Form A. Information page**

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| **Descriptive title:** |
| **Grant (Burkhalter, Bell-Krotoski, or Tri-Alliance Grant):** |
| **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 ethics review/Institutional Review Board determination (approval or exemption):** |
| **Prior funding for the project (include source, amount, and dates):** |
| **Anticipated start date:** |
| **Anticipated completion date:** |
| **Signatures** |
| Applicant: |
| Organizational official: |

**Form B. Instrumentation or Planned Outcome Measurement Form: Include what is most important as it pertains to the project, and not all measures may have all information.**

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| **Outcome measure****Quantitative** | Include values of **reliability** estimates, population studied, and the complete reference | Include the type of **validity**, statistical values, population studied, if applicable gold standard used for comparison, and complete reference | Add statistical values for **minimal detectable change or minimal clinical important difference** values, population studied and complete reference |
|  |  |  |  |
|  |  |  |  |
| **Outcome measure Qualitative** | Methods to improve **reliability** of themes |  |  |
|  |  |  |  |
|  |  |  |  |

*Add rows as needed*

**Form C. Personnel Summary Page**

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| --- |
| **Project 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 or delete rows as needed*

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

|  |
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| **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 |  |  |  |
| Personal statement:  |
| Positions and honors: |
| Peer-reviewed publications: |
| Peer reviewed presentations: |
| Current research support: |
| Completed research support: |
| Pertinent continuing education: |