|  |  |
| --- | --- |
| **Another Look: Research to Improve Health for Older Adults in Long Term Care Facilities**  **Section One FACE SHEET** | |
| **Title (Max 56 char.)**   |  | | --- | |  | |  |
| **Principal Investigator:**  Name:   |  | | --- | |  |   Title:   |  | | --- | |  |   Address:   |  | | --- | |  |   **Applicant Organization:**  Name:   |  | | --- | |  |   Contact Name & Address (the mailing address where the grant check should be sent):   |  | | --- | |  |   **Project Terms:**  Each application must include evidence that the applicant has the unrestricted right to publish the results of the study regardless of the nature of the findings.  For example, if an applicant is relying on another organization to supply data or access to participants or other resources that represent a source of data, as a condition to having the application reviewed, the applicant must provide a letter from at least two legally authorized individuals from that organization, attesting to the applicant’s right to publish or disseminate results regardless of findings.  The other organization may ask to review those results for no longer than 30 days after they have been submitted to that organization for review, if desired by that organization, but may not in any way impede the publication or dissemination of those results.  Each application acknowledges that it is the intent that the findings be published or otherwise made public within 12 months after the study is completed. | Degree(s) month/year   |  | | --- | |  |   Institutional Dept:   |  | | --- | |  |   E-mail:   |  | | --- | |  |     Telephone:   |  | | --- | |  |   Length of project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Budget $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Will this project require IRB approval?  \_\_\_\_ YES \_\_\_\_ NO  **Certification:**  We, the undersigned, certify that the statements contained herein are true and complete to best of our knowledge, and agree to accept the terms and all policies of The Patrick and Catherine Weldon Donaghue Medical Research Foundation.  **Signature of Principal Investigator**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature/Date**  **Signature of Institutional Officer**  Name:  Title:  Telephone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature/Date**  **Institution’s IRS Employer Identification Number:**   |  | | --- | |  | |

** Another Look APPLICATION FORM**

**SECTION 2a**

**Project Summary (Maximum 250 words)**

**SECTION 2b**

**Stakeholder Organization**

Organization Name

Address:

Contact Name:

Title:

E-mail:

Role in Project (250 word max)

**SECTION 2c**

**Glossary of Acronyms and Abbreviations (list)**

**Section 3**

**Project Description (No more than six pages)**

Introduction, background and research question (use no more than one page for this section)

Description of dataset

Collection of new data

Research plan, including all methods, and analyses

References & citations

**Section 4**

**Project Milestones and Key Activities**

|  |  |
| --- | --- |
| **Principal Investigator:** |  |
| **Project Name:** |  |

|  |  |  |
| --- | --- | --- |
|  | **Year 1** | **Year 2** |
| **Research** |  |  |
| **Knowledge Transfer and Implementation Activities** |  |  |

|  |  |
| --- | --- |
|  |  |
| **Notes:** |  |
|  |  |
|  |  |
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|  |  |
|  |  |

**Section 5**

**Annual Budget**

Please copy this page for each 12-month period if applying for a multi-year grant. Check one of the following to indicate the budget period for each sheet submitted: \_\_\_ Year 1 \_\_\_ Year 2

**(DIRECT COSTS ONLY)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSONNEL** (Name, Title) | ROLE | %EFFORT | SALARY | FRINGE | TOTALS |
|  |  |  |  |  |  |
| PERSONNEL SUBTOTALS | | |  |  |  |
| **STAKEHOLDER ORGANIZATION EXPENSES** | | | | |  |
|  | | | | |  |
| STAKEHOLDER ORGANIZATION EXPENSES TOTAL | | | | |  |
| **DATA COSTS** | | | | |  |
|  | | | | |  |
| DATA COSTS SUBTOTAL | | | | |  |
| **TRAVEL** | | | | |  |
|  | | | | |  |
| TRAVEL SUBTOTAL | | | | |  |
| **OTHER EXPENSES (I.E SUBCONTRACTOR EXPENSES)** | | | | |  |
|  | | | | |  |
| OTHER EXPENSES SUBTOTAL | | | | |  |
| **TOTAL DIRECT COSTS FOR FIRST 12-MONTH BUDGET PERIOD** | | | | |  |
| **INDIRECT COSTS (UP TO 10%)** | | | | |  |
| **TOTAL COSTS FOR 12-MONTH BUDGET PERIOD** | | | | |  |

**Section 5b**

**Total Cost for Proposed Budget**

|  |  |
| --- | --- |
| PERSONNEL |  |
| STAKEHOLDER ORGANIZATION EXPENSES |  |
| DATA COSTS |  |
| TRAVEL |  |
| OTHER EXPENSES |  |
| TOTAL DIRECT COST |  |
| INDIRECT COSTS (UP to 10%) |  |
| TOTAL COSTS |  |

**Section 5c**

**Budget Justification**

Provide a brief and clear explanation of all significant expenses in the budget.

# SECTION 6

# Research Ethics Preparation

# SECTION 7

# Informed Consent of Human Subjects

# SECTION 8

# Letters of Support

# SECTION 9

# Principal Investigator(s) & Stakeholder Curriculum Vitae/Resume(s)

# SECTION 10

# Publications