

AOA RESEARCH GRANTS APPLICATION				INTERNAL USE ONLY			
				ID NUMBER:		IRB:	
PROJECT TITLE (Use space provided):							
I. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR (NAME)				NEW INVESTIGATOR TO AOA <input type="checkbox"/> YES <input type="checkbox"/> NO			
DEGREE(S)				MAILING ADDRESS (Street, city, state, zip code)			
POSITION TITLE							
DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT							
Phone		Fax		E-MAIL (required):			
HUMAN SUBJECTS RESEARCH <input type="checkbox"/> YES <input type="checkbox"/> NO				IRB APPROVAL ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> PENDING			
VERTEBRATE ANIMALS RESEARCH <input type="checkbox"/> YES <input type="checkbox"/> NO				<i>No funds will be released without IRB approval</i>			
APPLICANT ORGANIZATION Name and Address:				II. DEPARTMENT CHAIR - Name, Title and Address (if different from Principal Investigator)			
TERMS OF GRANT <input type="checkbox"/> 1 YEAR Term of grant is September 1, 2010 through August 31, 2011 Total Budget Request: \$ <input type="checkbox"/> 2 years Term of Grant is September 1, 2010 through August 31, 2012 Total Budget Request: \$				III. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name, Title and Address:			
				PHONE		FAX	
AGREEMENT IN REGARD TO AOA GRANT-IN-AID AS A RESULT OF THIS APPLICATION							
<u>Signatories below agree to:</u>							
1.) Expend funds granted by the American Osteopathic Association solely for research purposes specified within this application; 2.) Keep careful records of the conduct of this project and all matters pertinent to it, including a detailed accounting of funds, materials, and equipment, and to keep reasonable care, maintenance, and insurance of all major equipment, and that written evidence of such insurance shall be furnished to the AOA upon request; 3.) Return any unexpended funds at the end of the grant period; 4.) Submit progress reports, final reports and financial reports as required by the <i>AOA Research Handbook</i> ; 5.) Acknowledge AOA grant support when publishing results of this investigation.							
PRINCIPAL INVESTIGATOR /PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge.				SIGNATURE of PI/PD (In ink; "per" signature not accepted)			
DEPARTMENT CHAIR: I certify that the statements herein are true, complete and accurate to the best of my knowledge.				SIGNATURE OF DEPARTMENT CHAIR (In ink; "per" signature not accepted)			
OFFICIAL SIGNING FOR APPLICANT ORGANIZATION: I certify that the statements herein are true, complete and accurate to the best of my knowledge.				SIGNATURE of OFFICIAL SIGNING FOR APPLICANT ORGANIZATION: (In ink; "per" signature not accepted)			