

FAMILY MEDICINE FOUNDATION OF WEST VIRGINIA

Application For Grant Request Information Sheet

The purpose of the Family Medicine Foundation of West Virginia Grant Program is to support the promotion of projects and research of benefit to Family Practice. To be eligible to receive a Grant, the principal investigator or applicant must be either a family physician in West Virginia **or** must plan to conduct the study, event or project in West Virginia at one of the following locations:

- An Approved Family Practice Residency Program in West Virginia
- A Department of Family Medicine
- A Family Practice organization or association or
- A Family Practice office or Health Care Center

PROCEDURE

The grant application must be completed and submitted in the format described in the outline of the Application For Research Project Grant. Applications not submitted in the proper format or lacking the required signatures will not be considered.

Prior to the October budget approval meeting of the Family Medicine Foundation of West Virginia Finance Committee, the application will be sent to the members of the committee for their review. A decision concerning the application will be rendered at the committee meeting (pending Board approval).

The application will be reviewed based upon the following criteria:

- Relevance to Family Practice
- Justification of Funding by a Philanthropic Organization
- Quality of the Study Design
- Appropriateness of Data Analysis if Research
- Appropriateness of Event or Function if Philanthropic
- Cost vs. Benefit to Family Practice

If the application is part of a matching funds grant, the FMF of WV application should include a copy of the grant application to the other granting agency as well as a copy of the award notice from the other agency.

FUNDING INFORMATION

Most research-related expenses are allowable if properly justified. In addition, FMF of WV funds can only be used to support the direct costs of the research, event, study or function. FMF of WV funds cannot be used for indirect costs. Rebudgeting of funds is allowable with the approval of the Finance Committee. Funding is limited to one (1) year only. The maximum amount awarded will not exceed \$5,000.

PRINCIPAL OR APPLICANT RESPONSIBILITIES

In addition to his/her responsibility to conduct the project, study or event described in the application, the applicant is responsible for the accuracy of the data and any reports resulting from the research. The investigator is also responsible for how the funds are actually used and for meeting all FMF of WV requirements. In addition, the applicant must:

1. Provide the Grant Committee with a status report by September 15 each year indicating the current status of the project and any changes in procedure or timetable anticipated.
2. Acknowledge the Family Medicine Foundation of West Virginia's support in the final report or any resulting publications.
3. Provide a brief summary report at the completion of the project.

DEADLINES

- Application: September 15 of Current Year
- Decision on Funding: November 11 of Current Year
- Funding Begins: By January 31 of Following Year

SUBMISSION

Submit the original to the following address:

Family Medicine Foundation of West Virginia
650 Main Street
Barboursville, WV 25504
Phone: 304.733.6485
Fax: 304.733.6486
Email: fam.med.foundation@citynet.net



FAMILY MEDICINE FOUNDATION OF WEST VIRGINIA

Application for Project or Research Grant

A. **PROJECT TITLE**

List the complete title of the project or give a brief description below:

B. **PRINCIPAL INVESTIGATOR or APPLICANT:**

List the name, title, address, telephone number and fax number of the person charged with oversight of the proposed project, and any co-investigators.

Name: _____

Institution/Organization Affiliation: _____

Address: _____

Phone: _____ Fax: _____

C. **HUMAN SUBJECTS** (if applicable)

If research activities involving human subjects are not planned at any time during the proposed study period check the space marked "NO." If activities involving human subjects, whether or not exempt from regulations, are planned at any time during the proposed study period, check the space marked "YES." If the activities are designated to be exempt from regulation, insert the exemption number (s) corresponding to one or more of the six exemption categories listed on the description of human subjects regulations in PHS document #398.

NO YES If YES, Exemption #s: _____

(or)
IRB Approval Date: _____/_____/_____

Assurance of Compliance: _____

D. OUTLINE OF SCHEDULE FOR IMPLEMENTATION OF PROJECT

List timetable for accomplishing specific objectives. State proposed start and finish dates. Explain the anticipated duration of the project.

E. TOTAL COST OF PROJECT / AMOUNT OF GRANT REQUESTED

List the total estimated cost of the project: _____

List the total grant amount requested: _____

F. DETAILED BUDGET

List breakdown of project costs and separately list amounts to be contributed by other funding sources. Budget should list expenses as follows:

1. Personnel
2. Equipment
3. Supplies
4. Miscellaneous

Each item must be justified.

G. STUDY / PROJECT DESCRIPTION (Should Not Exceed 10 Total Pages. Please attach.)

1. Statement of Purpose/Goals/Objectives/Needs Assessment

Define the purpose of the project, specific goals and objectives that will measure the project success, and an explanation of the needs or problems it is intended to address.

2. Statement of Hypotheses

In one paragraph, state the type of project and the supporting information necessary to clarify the rationale of the project. State specific hypotheses to be tested in the study.

3. Experimental Design and Methods (if applying for research grant)

Outline the experimental design and the procedures to be used to accomplish the goals of the project. Include the means by which data will be collected, analyzed, and interpreted. If human subjects are to be used, specify the target population, how subjects are to be used, specify the target population, how subjects will be selected, and the anticipated sample size. Explain how effectiveness of the project will be measured. What criteria or indicators will be used in this evaluation? What specific results are expected?

H. **PROTECTION OF HUMAN SUBJECTS** (Please Attach If Applicable)

Describe the mechanisms by which you will protect the safety and confidentiality of your subjects.

I. **BENEFITS OF THE PROJECTS** (Not More Than One Paragraph Is Recommended)

Explain who will benefit from the project. How will results of this project be communicated to those that will benefit from it?

J. **REFERENCE CITED**

K. **APPENDIX**

Include supporting letters, documents, resumes, references, Institutional Review Board approval informed consent form (if applicable) and survey instruments.

Submit your completed application to:

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