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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
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.

Travel expenses may be considered only if unused funds remain after project completion and the requirement to disseminate project outcomes in presentation at the annual ASHT meeting is planned.

**Non-Allowable Funds:**

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

**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 and are submitted to [grants@ahtf.org](mailto:grants@ahtf.org).
* For additional information, contact the Grants Director at [grants@ahtf.org](mailto:grants@ahtf.org)

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| **Outline for Grant Proposals**  **\*Adherence to limited number of pages is required;** **Use the forms provided where specified** | | |
| **Section** | **Information** | **Page Limits** |
| Cover Page | Includes title of 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)*** | 1 |
| Abstract | Abstract | 1 |
| Project Overview | Succinct overview of the project including 1) background and justification; 2) problem statement; and 3) specific aims, goals, and outcome measures. | 1 |
| Significance and Innovation | Significance (impact successful completion of project is likely to have) and Innovation (new way to address a hand therapy issue or problem) | 1 |
| Background and Literature Review | Relevant background and review of published literature | 2 |
| Prior Data | Prior or preliminary data, if applicable; include published or presented data in the reference list. | 1 |
| Methods  Quantitative | Methods including research design, participants (number and justification using power analysis, inclusion/exclusion criteria), specific procedures, statistical analyses, and instrumentation ***(Use Form B for instrumentation)*** | 5 |
| Methods  Qualitative | Methods including research design, participants, specific procedures, instrumentation, and qualitative analyses | 5 |
| Timeline | Timeline of data collection, analysis, dissemination of results | 1 |
| Budget | Include 1) an itemized budget and 2) justification for each item | 2 |
| Personnel Summary Page | Personnel Summary Page ***(Use Form C)*** | 1 |
| Biographical Sketch | Biographical Sketch ***(Use Form D);*** include personal information and references relevant to the proposed project | 3 |
| Resources | Resources including 1) space, 2) equipment, 3) availability of subjects, and 4) other resources | 1 |
| Dissemination Plan | Plans for dissemination (see requirements & responsibilities form) | 1 |
| References | AMA format; include references most relevant to proposed project | 2 |

**Form A. Information page**

|  |  |  |
| --- | --- | --- |
| **Project Title:** | | |
| **Type of Project:** | | |
| **Grant Consideration (Burkhalter, Bell-Krotoski, or Tri-Alliance Grant):** | | |
| **Principal Investigator** | | |
| Name and credentials | |  |
| Contact information (email & phone) | |  |
| **Institutional Affiliation / Clinical Setting** | | |
| Institution or setting  (name and address) |  | |
| Type of organization (public, corporate, or private) |  | |
| Administrative official to be notified if award is made (include 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:** | | |
| **Required Signatures** | | |
| Applicant: | | |
| Administrative Official: | | |

**Form B. Instrumentation or Planned Outcome Measurement Form** (Include quantitative and/or qualitative as it pertains to the project; indicate if certain measures have limited information)

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
|  |  |  |  |
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| --- | --- | --- | --- |
| **Outcome measure Qualitative** | Methods to improve **trustworthiness** of the results | **Credibility**, **dependability**,and **confirmability** | **Transferability** (extent to which the information may be applied to other contexts, settings, or respondents) |
|  |  |  |  |
|  |  |  |  |

*Add rows as needed*

**Form C. Personnel Summary Page**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project title:** | | | |
| **Key personnel** | **Name** | **Email** | **ASHT Membership (Yes/No) Include member number** |
| Principal Investigator: |  |  |  |
| Co-investigator: |  |  |  |
| Co-investigator: |  |  |  |
| Support personnel: |  |  |  |
| Support personnel: |  |  |  |

*Add or delete rows as needed*

**Form D. Biographical Sketch \*Not to exceed three pages per investigator** (Provide one for the principal investigator and each co-investigator)

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (Succinct): | | | |
| Awards and honors: | | | |
| Peer-reviewed publications (relevant to proposed project): | | | |
| Peer reviewed presentations (relevant to proposed project): | | | |
| Current research support: | | | |
| Completed research support: | | | |
| Pertinent continuing education (last 5 years or relevant to proposed project): | | | |