**AACN RELEVANCE 2050 GRANT AWARD**

**APPLICATION CHECKLIST**

**[ ]** [**Application Face Page**](#Check12)

**[ ]** [**Abstract**](#Text28) **(400 word max)**

**[ ]  Project Strategy (4 page max)**

**[ ]  Copy of CV OR NIH Biosketch**

**[ ]** [**Detailed Budget**](#Text27)

**[ ]** [**Budget Justification**](#Text26)

INSTRUCTIONS:

All materials are to be submitted electronically, in the order listed above and as a single PDF file, to Orlando Sánchez, PhD at: sancho@spu.edu

For further information, please contact:

Orlando Sánchez, PhD

Minneapolis VA Health Care System

1 Veterans Drive (2G-124)

Minneapolis, MN 55417

P: 612-629-7406

sancho@spu.edu

Deadline for receipt of all application materials is 11:59 PM (Eastern Time), **December 1, 2017**.**AACN Relevance 2050 Grant Application**

**1. Project Title:**

**2. Principal Investigator(s)**

a. Name(s):

 b. Degree(s):

 c. Title / Position:

d. Sex:

e. Ethnicity (optional):

f. Institution:

 g. Department:

h. PI Mailing Address:

 i: Telephone: Ext:

 j. E-mail:

**3. Total Amount Requested (up to $10,000):**

Indirect costs are not allowed.

**4. Sponsoring Institution (if applicable):**

A. The sponsoring institution is that location at which the project will be conducted

C. Division or department chair

D–F: Person responsible in your department for handling research and this person’s contact information

G-I: Research official of sponsoring organization where project will be registered (signature required on 7)

J-L. Name and contact information for person in Research Grants Office to whom award letters would be sent if project is funded.

 a. Name of institution or facility:

 b. Department:

 c. Division or department chair:

 d. Departmental research administrator:

 e. Telephone: Ext: Fax:

 f. Departmental research administrator:

 g. Name of Institution Research Official:

 h. Title:

 i. Telephone: Ext: Fax:

 j. Name of contact in Research Grants office:

 k. Title:

 l. Telephone: Ext: Fax:

**5. Principal Investigator Assurance:**

I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I also certify that the project described herein is not currently funded by another agency. I agree to accept responsibility for the scientific conduct of the project and to comply with the ethical principles of psychologists as defined by the American Psychological Association. I also understand and agree to the following expectations, if a grant is awarded as a result of this application:

 • As applicable, IRB approval must be submitted prior to release of grant funds.

• The PI will submit a semi-annual progress report and present the project at the AACN annual meeting within two years of grant award.

 • AACN support will be acknowledged in published manuscripts where data from this project are reported.

**6. Signature of Applicant named in 2a:**

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**7. Signature of Applicant named in 4g:**

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Principal Investigator (last, first, middle):

|  |
| --- |
| **Summary**: State the application’s objectives and specific aims. Describe concisely the project design and methods for achieving these goals. This abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application. If the application is funded, this description, as is, may be published on the AACN website or another AACN publication. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED 400 WORDS.** |
|  |

Principal Investigator (last, first, middle):

**PROJECT STRATEGY**

Use Arial 11pt font, single spaces, and ½ inch margins.

DO NOT EXCEED 4 PAGES FOR SECTIONS A THROUGH C.

**A. SPECIFIC AIMS:**

**B. BACKGROUND, SIGNIFICANCE, AND INNOVATION FOR CLINICAL NEUROPSYCHOLOGY:**

**C. APPROACH (Project design and methods, include timeline for completion)**:

**D. LITERATURE CITED:**

Principal Investigator (last, first, middle):

|  |
| --- |
| BIOGRAPHICAL SKETCHProvide the following information for the PI & co-investigators. Follow this format for each person. **DO NO EXCEED FIVE PAGES.** |
| NAME: |
| POSITION TITLE: |
| EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)* |
| INSTITUTION AND LOCATION | DEGREE*(If applicable)* | Completion DateMM/YYY | FIELD OF STUDY |
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 **A. Personal Statement**

 **B. Positions and Honors**

**C. Contributions to Science**

 **D. Additional Information: Research Support**

 Briefly describe overlap, if any, between the proposed project and any ongoing or pending research support listed in D. If no overlap, write “None”

Principal Investigator (last, first, middle):

|  |  |  |
| --- | --- | --- |
| **Detailed Budget****Direct Costs Only** | From | Through |
| PERSONNEL | Months Devoted to ProjectCalendar/Academic/Summer | Institution Base Salary | *Dollar Amount Requested (omit cents)* |
| NAME | Role on Project | Cal. | Acad. | Sum. | Salary | Benefits | Total |
|  | Principal Investigator |  |  |  |  |  |  |  |
|  | Co-investigator |  |  |  |  |  |  |  |
|  | Co-investigator |  |  |  |  |  |  |  |
|  | Co-investigator |  |  |  |  |  |  |  |
|  | Project Staff |  |  |  |  |  |  |  |
|  | Project Staff |  |  |  |  |  |  |  |
| **SUBTOTALS** |  |  |  |
| EQUIPMENT (Itemize) |  |
| SUPPLIES (Itemize by category) |  |
| OTHER EXPENSES (Itemize and describe) |  |
| CONSULTANT COSTS  |  |
| **TOTAL** |  |

Principal Investigator (last, first, middle):

**BUDGET JUSTIFICATION**: Briefly describe the roles of key personnel to the success of the project. Also justify budgeted equipment, supplies, patient care costs, and other expenses. Describe any scientific or fiscal overlap with other projects. Use continuation pages if needed.