**MICHIGAN ANIMAL HEALTH FOUNDATION**

**RESEARCH GRANT APPLICATION**

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**The mission of the MAHF is to provide financial assistance to individuals and institutions in order to benefit the health and welfare of animals.**

*Please note that projects contributing to animal health as relates to or within the state of Michigan will be given priority.*

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| **Title of proposal** | | |  | | | | | |
| **(Co-)Principal investigator** | | | First Name | | |  | | |
| Last Name | | |  | | |
| Degree(s) | | |  | | |
| Rank | | |  | | |
| Telephone Number | | |  | | |
| Department | | |  | | |
| Address | | |  | | |
| **(Co-)Principal investigator** | | | First Name | | |  | | |
| Last Name | | |  | | |
| Degree(s) | | |  | | |
| Rank | | |  | | |
| Telephone Number | | |  | | |
| Department | | |  | | |
| Address | | |  | | |
| **Note:** Please list any additional co-principal investigators in the personnel section of the next page. | | | | | | | | |
| **Dates of proposal project period** | | | From | |  | To | |  |
| **Total amount requested** | | | **$** | | | | | |
| **Make Check Payable to:** | | |  | | | | | |
| **Mailing Address** | | |  | | | | | |
| **Institutional approval for research involving animal subjects must be obtained prior to submission of this proposal. Please provide a copy of your approval notice.** | | | | | | | | |
| **We, the undersigned, agree to the conditions outlined in the description of the Michigan Animal Health Foundation Research Grants.** | | | | | | | | |
| **Signatures** | (Co-)Principal investigator | | | | | | | |
|  | | | | | | Date: | |
| (Co-)Principal investigator (if applicable) | | | | | | | |
|  | | | | | | Date: | |
| Department chair (if applicable) or to whom the principal investigator reports | | | | | | | |
|  | | | | | | Date: | |
| **Name, address, and title of official signing for the entity requesting grant** | |  | | | | |  | |
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| **Signature** | |  | | | Date: | |

**TITLE, ABSTRACT, AND PERSONNEL**

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| --- | --- |
| **Title** |  |

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| **Abstract**: Using lay terminology, state long-term objective, specific aims, health relatedness or clinical significance, and concise methodology. (Note: Abstract must not exceed 25 lines of space of text.) |
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| **Personnel**: (list ALL personnel involved in project) | | | |
| Name | Role on Project\* | Current Position\*\* | Department/Division |
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\*For example, principal investigator (PI), co-principal investigator (co-PI), co-investigator (co-I), consultant, technician

\*\*For example, job title, research assistant, professor, associate professor, intern, resident, graduate student, technician

**DETAILED BUDGET\***

From       through

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personnel** (Please note that salaries only for non-employee/faculty technical support will be funded and you **MUST** justify your request for salary support in the budget justification section below. List below the % effort and hr/wk for all personnel involved in the project, even if no dollars are requested for those individuals.) | | | | | | |
| **Name** | **Position** | **%** | **Hr/Week** | **Salary** | **Fringes** | **Total $** |
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| **C****onsultant Costs** | | | | | |  |
| **Equipment** (itemize) | | | | | |  |
| **S****upplies** (itemize by category; please note that costs must reflect research discounts, if available) | | | | | |  |
| **T****otal amount requested** | | | | | | **$** |

**Budget Justification** (NOTE: You MUST include information about the role of ALL personnel on the project, regardless of whether you are asking for salary support for them):

**BIOGRAPHICAL SKETCH**

Beginning with the principal investigator, provide the following information for the principal investigator, all co-principal investigators, and any other research team members. Copy this page for each person.

|  |  |
| --- | --- |
| **Name** | **Title** |
|  |  |

**Education** (begin with baccalaureate or other initial professional education and include postdoctoral training)

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution and location** | **Degree** | **Year Conferred** | **Field of Study** |
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**Research and professional experience:** List relevant employment history, experience, and honors. List complete references to all publications during the past three years and representative earlier publications pertinent to this application. Identify with an asterisk the publications that appeared in a peer-review journal. Do not exceed two pages.

**OTHER SUPPORT**

To ensure no scientific, budgetary, or commitment overlap, for each of the investigators please list all active and pending support, including 1) dates of funding period, 2) source, 3) amount requested, and 4) status (list amount funded, or indicate "pending"). Highlight any anticipated overlap with MAHF and other current or pending sources of funding.

**RESEARCH PLAN**

**PLEASE NOTE THAT ANY APPLICATION NOT CONFORMING TO THE FOLLOWING FORMAT SPECIFICATIONS WILL BE RETURNED TO THE APPLICANT:** Maximum of 5 single-spaced pages; use 12-point print only; all margins must be at least 1/2".

This section MUST include: a) background and significance, b) hypotheses and specific aims, c) approach, including methods and data analysis plans, d) how the proposed research relates to the mission of the MAHF, and e) how the research results will be publicized by the grantee and shared with MAHF Trustees. If a similar project was previously funded, justification must be provided for additional funding and attempts to obtain other support must be listed.

**REFERENCES**

(Journal references should include authors, title of article, journal name, volume, year, and page numbers; book references should include authors, title of book, publisher, city, and page numbers.)