

**International Foundation for Functional  
Gastrointestinal Disorders (IFFGD)  
Research Grant Application**

*Do not exceed character length restrictions indicated.*

**Applications should be submitted by email no later than midnight, Wednesday, December 22nd, 2021, to:**

**IFFGD**  
 Email: [iffgd@iffgd.org](mailto:iffgd@iffgd.org)  
 3015 Dunes West Blvd. Suite 512  
 Mount Pleasant, SC 29466  
 Phone: (414) 964-1799

1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)*

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2. SUPPLEMENTAL SUPPORT OR CONTINUATION SUPPORT FOR CURRENT ONGOING STUDY?  NO  YES  
*(If "Yes," give dates, title and funding agency)*

DATES \_\_\_\_\_ FUNDING AGENCY \_\_\_\_\_

TITLE \_\_\_\_\_

**3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR**

3a. NAME (Last, first, middle)	3b. DEGREE(S)
3c. POSITION TITLE	3d. MAILING ADDRESS <i>(Street, city, state, zip code)</i>
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT	
3f. MAJOR SUBDIVISION	
3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i>	E-MAIL ADDRESS:
TEL: _____ FAX: _____	

4. HUMAN SUBJECTS RESEARCH	4b. Human Subjects Assurance No.	
<input type="checkbox"/> No <input type="checkbox"/> Yes	4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	
4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes," Exemption No.	

6. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i>	7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD	8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
From _____ Through _____	7a. Direct Costs (\$)	7b. Total Costs (\$)	8a. Direct Costs (\$)      8b. Total Costs (\$)

9. APPLICANT ORGANIZATION Name _____ Address _____	10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business
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11. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name _____ Title _____ Address _____  Tel: _____ E-Mail: _____	12. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name _____ Title _____ Address _____  Tel: _____ E-Mail: _____
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14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and accept the obligation to comply with IFFGD terms and conditions if a grant is awarded as a result of this application.	SIGNATURE OF OFFICIAL NAMED IN 12. <i>(In ink. "Per" signature not acceptable.)</i>	DATE
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Principal Investigator/Program Director (Last, First, Middle):

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**Abstract** of no more than 300 words structured to provide the background, aims, and methods.

**Background:**

**Aims:**

**Methods:**

PERFORMANCE SITE(S) (organization, city, state)

Principal Investigator/Program Director (Last, First, Middle):

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KEY PERSONNEL.

Name	Degrees	Organization	Role on Project
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OTHER SIGNIFICANT CONTRIBUTORS

Name	Degrees	Organization	Role on Project
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Principal Investigator/Program Director (Last, First, Middle):

<b>DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY</b> <i>(use additional pages in same format for multiple sites)</i>						FROM	THROUGH	
PERSONNEL <i>(Applicant organization only)</i>		Months Devoted to Project			INST.BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths		SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator							
<b>SUBTOTALS</b> →								
CONSULTANT COSTS								
EQUIPMENT <i>(Itemize)</i>								
SUPPLIES <i>(Itemize by category)</i>								
TRAVEL								
PATIENT CARE COSTS		INPATIENT						
		OUTPATIENT						
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>								
OTHER EXPENSES <i>(Itemize by category)</i>								
CONSORTIUM/CONTRACTUAL COSTS					DIRECT COSTS			
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> <i>(Item 7a, Face Page)</i>								<b>\$</b>
CONSORTIUM/CONTRACTUAL COSTS					FACILITIES AND ADMINISTRATIVE COSTS			
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>								<b>\$</b>

Principal Investigator/Program Director (Last, First, Middle):

**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD  
DIRECT COSTS ONLY**

BUDGET CATEGORY TOTALS		INITIAL BUDGET PERIOD <i>(from Form Page 4)</i>	ADDITIONAL YEARS OF SUPPORT REQUESTED			
			2nd	3rd	4th	5th
PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i>						
CONSULTANT COSTS						
EQUIPMENT						
SUPPLIES						
TRAVEL						
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
ALTERATIONS AND RENOVATIONS						
OTHER EXPENSES						
CONSORTIUM/ CONTRACTUAL COSTS	DIRECT					
<b>SUBTOTAL DIRECT COSTS</b> <i>(Sum = Item 8a, Face Page)</i>						
CONSORTIUM/ CONTRACTUAL COSTS	F&A					
<b>TOTAL DIRECT COSTS</b>						
<b>TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD</b>						<b>\$</b> <input style="width: 100px; height: 20px;" type="text"/>

BUDGET JUSTIFICATION. Use continuation pages as needed.

Principal Investigator/Program Director (Last, First, Middle):

BUDGET JUSTIFICATION CONTINUED Use continuation pages as needed.



Principal Investigator/Program Director (Last, First, Middle):

## BIOGRAPHICAL SKETCH INSTRUCTIONS

*Instructions for completing biographical sketch form.*

Complete the educational block at the top of the format page, and complete sections A, B, and C.

- A. Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.
- B. Selected peer-reviewed publications or manuscripts in press (in chronological order).** Do not include manuscripts submitted or in preparation. For publicly available citations, URLs or PMC submission identification numbers may accompany the full reference. Note copies of these publications are no longer accepted as appendix material.
- C. Research Support.** List both selected ongoing and completed (during the last three years) research projects (Federal or non-Federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the key person identified on the Biographical Sketch. **Note: Do not include number of person months or direct costs.**

A full Biosketch is required only for the Principal Investigator. However, as part of the biosketch section of the application, "Section C: Research Support" highlights your accomplishments, and those of your colleagues, as scientists. This information will be used by the reviewers in the assessment of each individual's qualifications for a specific role in the proposed project, as well as to evaluate the overall qualifications of the research team. You may combine information for the PI and other key personnel in Section C, or you may submit full biosketches for other key personnel as separate documents.

Principal Investigator/Program Director (Last, First, Middle):

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**BIOGRAPHICAL SKETCH**

Provide the following information for the Principal Investigator. **DO NOT EXCEED FOUR PAGES.**

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NAME	POSITION TITLE

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY



Principal Investigator/Program Director (Last, First, Middle):

**Proposal** should be structured as (a) *Aims*, (b) *Background and Significance*, (c) *Previous work of the research team relevant to the proposal*, (d) *Methods*, (e) *Timeline*, (f) *Human Subjects*, and (g) *Consortium arrangements* (if relevant). Sections a-e inclusive are limited to **12 total single-spaced pages in Arial or Roman 11 point font** with margins of at least **1.0 inch** on all sides. Each page should include the name of the PI and the page number.

**(a) Aims**

**(b) Background and Significance**

**(c) Previous work of the research team relevant to the proposal**

**(d) Methods**

**(e) Timeline**

**(f) Human Subjects**

**(g) Consortium arrangements (if relevant)**

**(h) Bibliography/References (does not count towards 12-page limit)**