

**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, Thursday December 15th, 2022, to:

IFFGD
 Email: iffgd@iffgd.org
 537 Long Point Road, Suite 101
 Mount Pleasant, SC 29464
 Phone: (414) 964-1799

| | | | | | |
|--|--|--|--|----------------------|--|
| 1. TITLE OF PROJECT <i>(Do not exceed 81 characters, including spaces and punctuation.)</i> | | 2. SUPPLEMENTAL SUPPORT OR CONTINUATION SUPPORT FOR CURRENT ONGOING STUDY? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes," give dates, title and funding agency)</i> | | | |
| 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 | | E-MAIL ADDRESS: | | | |
| 3f. MAJOR SUBDIVISION | | | | | |
| 3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i> | | | | | |
| TEL: | | FAX: | | | |
| 4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes | | 4b. Human Subjects Assurance No. | | | |
| 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 | | | |
| From | | Through | | | |
| | | 8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT | | | |
| | | 7a. Direct Costs (\$) | | 7b. Total Costs (\$) | |
| | | 8a. Direct Costs (\$) | | 8b. Total Costs (\$) | |
| | | | | | |
| 9. APPLICANT ORGANIZATION | | 10. TYPE OF ORGANIZATION | | | |
| Name | | Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local | | | |
| Address | | Private: → <input type="checkbox"/> Private Nonprofit | | | |
| | | For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business | | | |
| 11. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE | | 12. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION | | | |
| Name | | Name | | | |
| Title | | Title | | | |
| Address | | Address | | | |
| Tel: | | Tel: | | | |
| E-Mail: | | E-Mail: | | | |
| 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 | | | |

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

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):

KEY PERSONNEL.

| Name | Degrees | Organization | Role on Project |
|------|---------|--------------|-----------------|
|------|---------|--------------|-----------------|

OTHER SIGNIFICANT CONTRIBUTORS

| Name | Degrees | Organization | Role on Project |
|------|---------|--------------|-----------------|
|------|---------|--------------|-----------------|

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

| DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY <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 | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| SUBTOTALS → | | | | | | | | |
| 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 | | | |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD <i>(Item 7a, Face Page)</i> | | | | | | | | \$ |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | FACILITIES AND ADMINISTRATIVE COSTS | | | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | \$ |

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 | | | | | |
| SUBTOTAL DIRECT COSTS <i>(Sum = Item 8a, Face Page)</i> | | | | | | |
| CONSORTIUM/ CONTRACTUAL COSTS | F&A | | | | | |
| TOTAL DIRECT COSTS | | | | | | |

TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD

\$

BUDGET JUSTIFICATION. If the total estimated costs of the project exceeds the \$30,000 of the award, please include where will additional funds come from and how was this approved. This explanation will not be a criterion for review success, but should be included in the application. 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):

BIOGRAPHICAL SKETCH

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