

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, Friday January 12th, 2024, to:

IFFGD

Email: iffgd@iffgd.org

537 Long Point Road, Suite 101

Mount Pleasant, SC 29464

Phone: (414) 964-1799

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

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 *(Street, city, state, zip code)*

3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

3f. MAJOR SUBDIVISION

3g. TELEPHONE AND FAX *(Area code, number and extension)*

E-MAIL ADDRESS:

TEL:

FAX:

4. HUMAN SUBJECTS
RESEARCH

4b. Human Subjects Assurance No.

☐ No ☐ Yes

4c. Clinical Trial

☐ No ☐ Yes

4a. Research Exempt

☐ No ☐ Yes

If "Yes," Exemption No.

6. DATES OF PROPOSED PERIOD OF
SUPPORT *(month, day, year—MM/DD/YY)*

From

Through

7. COSTS REQUESTED FOR INITIAL
BUDGET PERIOD

7a. Direct Costs (\$)

8. COSTS REQUESTED FOR PROPOSED
PERIOD OF SUPPORT

7b. Total Costs (\$)

8a. Direct Costs (\$)

8b. Total Costs (\$)

9. APPLICANT ORGANIZATION

Name

Address

10. TYPE OF ORGANIZATION

Public: → ☐ Federal ☐ State ☐ Local

Private: → ☐ Private Nonprofit

For-profit: → ☐ General ☐ Small Business

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:

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.
(In ink. "Per" signature not acceptable.)

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
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OTHER SIGNIFICANT CONTRIBUTORS

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

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY (use additional pages in same format for multiple sites)						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							
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 (from Form Page 4)	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 (Sum = Item 8a, Face Page)						
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 \$40,000 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 <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
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)