



American Fibromyalgia Syndrome Association, Inc.
PO Box 32698 • Tucson, AZ 85751
 Email: kthorson@afsafund.org • FAX: (520) 290-5550
 Website: www.afsafund.org

RESEARCH GRANT APPLICATION COVER SHEET

Title of Project:

Total Amount Requested: \$ _____ (U.S. dollars) Today's Date: _____

Principal Investigator Name:

Position Title: _____ Institute: _____

Address:

Telephone: _____ FAX: _____

Email:

IRB: Enclosed Pending Check boxes for the types of subjects to be used in the project:

Humans Animals Both Be sure to enclosed appropriate compliance forms.

Official Financial Manager to be notified if grant award is made (usually a Grants Officer):

Name & Title (please specify person):

Address:

Phone Number: _____ Email: _____

Check to be made payable to:

Check to be mailed to (name and address):

Please specify whose' attention the check

should be mailed to, i.e., a person's name

in addition to the institution name

Signature of Official: _____ Date signed: _____

Signature of Applicant: _____ Date signed: _____

PLEASE PROVIDE SCIENTIFIC ABSTRACT BELOW.



Please provide itemized budget (no indirect costs are allowed).

I. PERSONNEL: (names, positions, percentage of time, costs)

Subtotal: \$

II. PERMANENT EQUIPMENT: (itemize)

Subtotal: \$

III. CONSUMABLE SUPPLIES: (itemize)

Subtotal: \$

IV. OTHER EXPENSES: (itemize and explain specific needs)

Subtotal: \$

Total Grant Request: \$

(U.S. Funds)

V. OTHER SUPPORT: (Include ALL government, non-government, institutional, and private grants. Please provide project titles, starting and ending dates, years of support, and amounts.)

1. Active

Amount:\$

2. Pending

Amount: \$

Total Other Support: \$

(U.S. Funds)

VI. BUDGET JUSTIFICATION: Please explain specific needs, especially is equipment costs for personnel salaries (excluding grad students) exceed 25% of the total budget request.





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HUMAN SUBJECTS FORM

COMPLIANCE WITH GOVERNMENT REQUIREMENTS

These statements need to be fill out by an individual who is authorized to assume the following obligations on behalf of the institution.

(Principal Investigator's Institution) agrees if a research grant is awarded by the American Fibromyalgia Syndrome Association, Inc. (AFSA) to (Principal Investigator) for the project (Project Title) and if human subjects are used in any of the activities supported by such award, that it will comply with all applicable regulations in (Your Country) with respect to the rights and welfare of such subjects.

In addition, (Principal Investigator's Institution) agrees to indemnify and hold AFSA harmless from any claims arising from such activities, and acknowledges that AFSA does not and will not assume responsibility for the subjects involved.

APPROVAL REQUIRED BY THE DEAN OR HEAD OF INSTITUTION ON BEHALF OF INSTITUTION

Signature: _____ Date: _____
Name of Above: _____ Title: _____
Email: _____ Phone Number: _____



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ANIMAL SUBJECTS FORM

COMPLIANCE WITH GOVERNMENT REQUIREMENTS

These statements need to be fill out by an individual who is authorized to assume the following obligations on behalf of the institution.

(Principal Investigator's Institution) agrees if a research grant is awarded by the American Fibromyalgia Syndrome Association, Inc. (AFSA) to (Principal Investigator)

for the project (Project Title)

and if animal subjects are used in any of the activities supported by such award, that it will comply with all applicable regulations in (Your Country) with respect to the rights and welfare of such subjects.

In addition, (Principal Investigator's Institution) agrees to indemnify and hold AFSA harmless from any claims arising from such activities, and acknowledges that AFSA does not and will not assume responsibility for the subjects involved.

APPROVAL REQUIRED BY THE DEAN OR HEAD OF INSTITUTION ON BEHALF OF INSTITUTION

Signature: _____ Date: _____

Name of Above: _____ Title: _____

Email: _____ Phone Number: _____

Principal Investigator:

Title of Project:

AFSA may need to seek additional scientific advice regarding specific aspects of your proposal. Please provide the name and contact information of three researchers with expertise pertaining to the scientific areas your project covers. None of the recommendations below may be affiliated with any member of your team or your university/institution.

REVIEWER 1:

Name:

Email:

Institution/University:

County:

Area of Expertise:

REVIEWER 2:

Name:

Email:

Institution/University:

County:

Area of Expertise:

REVIEWER 3:

Name:

Email:

Institution/University:

County:

Area of Expertise: