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

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

Name:

Title:

Address:

Telephone: Email:

If your application is approved, the funds will be sent via bank wire transfer. AFSA will contact the above person at the time of approval to request the information needed to perform the funds transfer.

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 if equipment costs or personnel salaries (excluding grad students) exceed 25% of the total budget request.

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

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: _____