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**Research Grant Information and Application Guidelines**

1. **Information**

**Purpose**The purpose of the APTA Oncology Research Grant Award Program is to add to the body of knowledge through support of research that investigates a question(s) of importance to adult or pediatric oncology or human immunodeficiency virus (HIV) physical therapy.

**Award amount**

The maximum amount of funding provided by this clinical research grant is $10,000. No indirect costs or fringe are available through this funding mechanism.

**Eligibility**

APTA Oncology members in good standing are eligible to submit an application. Preference will be given to post-professional dissertation research or new physical therapist clinical researchers working with colleagues who have a post-professional degree.

**Application Procedure and Deadline**

To apply, send two (2) electronic copiesof your proposal (one (1) not blinded, one (1) blinded) to the APTA Oncology Research Grant Coordinator. **The due date for submission is May 1**. The APTA Oncology Research Grant Coordinator will send an e-mail notification to the Principle Investigator (PI) to verify receipt.

**Review Procedures**

A subcommittee of at least one (1) primary and two (2) secondary reviewers from the APTA Oncology Research Committee will review the proposals. Each reviewer independently reads and evaluates the proposal. Secondary reviewers are blind to the investigator’s identity and report their review results to the primary reviewer. The primary reviewer evaluates the study and the investigator’s ability based on the attached curriculum vitae, and then submits the subcommittee’s recommendation for funding to the Research Committee Chair. Each applicant will receive a copy of the review summary from the Research Grant Coordinator with the subcommittee’s recommendations regarding funding.

**Funding Period**

Award recipient(s) will be notified of the status of the grant proposal no later than June 30. The funding period of this grant is one (1) year, starting with the date the funds are received by the recipient’s institution. Proof of Institutional Review Board (IRB) approval for the study must be provided to the Research Grant Coordinator *prior to the disbursement of funds*.

**Final Reports, Progress Reports & Request of Extension**

The PI is required to send a final report to the Research Grant Coordinator no later than thirty (30) days after the funding period has ended. The final report should include the following:

1. Project Title
2. Names of Investigators
3. Enrollment (if applicable)
4. Completed Participants (if applicable)
5. Financial Report
	1. Itemization of Expended Funds
	2. Remaining Funds, if applicable
	3. Plan for Remaining Funds, if applicable
6. Plan for Dissemination of Study Findings (see below for publication requirement)

Any project not completed in one (1) year from release of funds will require a written request for a no-cost extension of the project. This must be submitted to the Research Grant Coordinator no later than eleven (11) months after funds were released. The request must include a progress report that includes the required elements noted above plus a specific timeline for completion of the study including, projected weekly and/or monthly enrollment.

The decision to extend the study is made at the discretion of the Chair of the Research Committee and the President of APTA Oncology. Investigator(s) whose studies are not approved for extension must return all remaining funds to APTA Oncology within sixty (60) days of the decision to not extend the study.

**Publication of Study Findings**

Grant awardees are expected to submit full manuscripts detailing the results of grant funding to the APTA Oncology journal, *Rehabilitation Oncology*. Submissions in the form of abstracts for consideration at the APTA Combined Sections Meeting are encouraged.

1. **Application Guidelines**

**Format of Proposal**

Grant proposals should be written using American Medical Association (AMA) formatting and referencing guidelines. Use Arial or Times New Roman 11-point font, single-spaced, with 0.5-inch margins. The application structure and page limits are included in Section III.

**Application Cover Page**

Complete form located in the application packet.

**Abstract**

Describe the proposed project and the impact that the results will have on the field(s) involved. Describe how the project aligns with the mission of APTA Oncology.

**Specific Aims**

1. Briefly describe the gap of knowledge or need and what the project intends to accomplish.
2. Provide the overall objective of the project, central hypothesis, and rationale for the proposed research.
3. List the specific aims (objectives) for the project and working hypotheses for each aim.
4. State the expected outcomes.

**Research Plan**

Organize the Research Plan in the specified order, using the instructions provided below. Start each section with the appropriate section heading –Significance, Innovation, Approach, etc. Provide in-text citations and the full reference in the References section.

1. Significance
	1. Establish a theoretical framework, which:
		1. Summarizes background information that directly relates to the purpose of the study, including any preliminary studies (published or unpublished) completed by the primary investigator that directly relate to the proposed study, and
		2. Explains the importance of the problem or critical barriers to progress that the proposed project addresses.
	2. Clearly indicate how the results of the proposed study will contribute to the existing knowledge and the practice of oncology or HIV physical therapy.
2. Innovation
	1. Indicate how the proposed study is different in design, methods, or subjects from previously published studies.
	2. Explain how the application challenges and seeks to shift current research or clinical practice paradigms.
	3. Describe any novel theoretical concepts, approaches or methodologies, instrumentation or interventions to be developed or used, and any advantage over existing methodologies, instrumentation, or interventions.
	4. Explain any refinements, improvements, or new applications of theoretical concepts, approaches or methodologies, instrumentation, or interventions.
3. Approach
	1. Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project. Include how the data will be collected, analyzed, and interpreted for each specific aim.
	2. Discuss potential limitations and delimitations, alternative strategies, and study timeline.

**Protection of Human Subjects**

Provide evidence that approval for the proposed study has been granted by the Institutional Review Board of the participating institutions. If approval has not been received at the time proposal is submitted, indicate when a response is expected. Please include the following information in this section:

1. Risks to subjects
	1. Characteristics of the study population, including anticipated sample size, age range, and health status (healthy vs patient participants); inclusion and exclusion criteria; rationale for the inclusion of vulnerable populations.
	2. The source and type of research data or specimens; method of collection; indication of who will have access to individually identifiable protected health information.
	3. Potential risks, including physical, psychological, financial, legal, or other.
2. Adequacy of protection against risks
	1. Plans for recruitment and informed consent.
	2. Protections against risk, including procedures for protecting against risks to privacy and confidentiality of data, and plans for medical intervention and reporting of adverse events.
	3. Potential benefit of the proposed research and why the risks are responsible relative to the anticipated benefits.
3. Recruitment and Informed Consent
	1. Describe plans for recruitment of subjects (where appropriate) and the process for obtaining informed consent. If the proposed project(s) include children, describe the process for meeting requirements for parental permission and child assent.
	2. Include a description of the circumstances in which consent will be obtained, who will seek it, the nature of the information or be provided to prospective subjects, and the method of documenting consent.
4. Data and safety monitoring plan (if applicable)
	1. Detail procedures that will be used to monitor for adverse events.
	2. Detail the procedures that will be used to protect the confidentiality of the data.

**Animal Welfare** (if applicable)

Please include the following in this section:

1. Description of animals and how they will be used in the proposed project(s)
2. Justification for the use of animals and the number to be used
3. Description of the veterinary care that will be provided to the animals
4. Provisions to minimize discomfort, distress, pain, and injury
5. Euthanasia

**Budget & Budget Justification**

All expenses directly related to the project must be detailed in the budget table provided. Funds can be requested only for costs necessary to conduct the study. These include support personnel, equipment, supplies and investigator or subject travel expenses required for data collection. All proposals must request no more than $10,000 in funding. No indirect costs or fringe are available through this funding mechanism. Expenses related to project dissemination are not allowed. Justify the expenses listed in the detailed budget as they relate to the proposal.

**Investigators & Environment**

1. Investigator Biosketch: Please use the provided biosketch template. Complete the educational block at the top of the format page beginning with baccalaureate or other initial professional education, such as physical therapy, and include postdoctoral training, separately referencing residency training when applicable. For each entry provide the name and location of the institution; the degree received (if applicable); the month and year the degree was received, and the field of study. For residency entries, the field of study section should reflect the area of residency. Complete sections a, b, c, and d as described below.
	1. Personal Statement - Briefly describe why you are well-suited for your role(s) in this project. Relevant factors may include: aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and/or your past performance in this or related fields. Do not present or expand on materials that should be described in other sections of this biosketch or application.
	2. Positions and Honors - List in chronological order previous positions, concluding with your present position. List any relevant academic and professional achievements and honors. In particular:
		* Students, post doctorates, and junior faculty should include scholarships, traineeships, fellowships, and development awards, as applicable.
		* Clinicians should include information on any clinical licensures and specialty board certifications that they have achieved.
	3. Contributions to Science – APTA Oncology encourages applicants to limit the list of selected peer-reviewed publications, manuscripts in press, and patent citations to no more than fifteen (15). Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on most recent, importance to the field, and/or relevance to the proposed research.
	4. 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. For each award, please indicate the funding agency, title of the project, your role, name of the Principal Investigator, and time period of the award.
2. Facilities, Equipment, and Other Resources
	1. This information is used to assess the capability of the organizational resources available to perform the effort proposed project(s). Identify the facilities to be used. If appropriate, indicate their capacities, pertinent capabilities, relative proximity and extent of availability to the project. Describe only those resources that are directly applicable to the proposed work. List and describe any major equipment (greater than $5,000) that is already available for this study.
3. Institutional/Organizational Commitment to Proposal
	1. Provide a letter from your supervisor (Clinical Director, Department Chair, Dean, etc.) indicating that the organization or institution at which the study is to be conducted is in full support of the proposed project(s) and of the PI’s ability to complete the project during the 12-month funding period of this grant.

**III. Application Structure & Page Limits**

The application must be submitted as a single PDF (one blinded, one unblinded) and organized in the manner listed. \*\***Note the blinded copy should not include the Investigators & Environment section**.

|  |  |
| --- | --- |
| **Section** | **Maximum Page Limit**  |
| Application Cover Page |  |
| Abstract | 1 page |
| Specific Aims | 1 page |
| Research Plan | 6 pages |
| Protection of Human Subjects |  |
| Animal Welfare (if applicable) |  |
| Budget & Budget Justification |  |
| *\*\*Investigators & Environment* |  |
| *Investigator Biosketch* | *5 pages each* |
| *Institutional Commitment to Proposal* | *1 page* |
| References |  |

**IV. Application Submission**

The application must be submitted electronically to:

Kirsten K. Ness, PT, PhD, FAPTA

kiri.ness@stjude.org

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**CLINCIAL RESEARCH GRANT**

**APPLICATION COVER PAGE**

Title of Study Proposal:

Name of Principle Investigator:

APTA Membership Number:

E-mail Address:

Name of Person and Address for Correspondence:

Daytime Telephone Number:

Name of Co-Investigators and the Role of this co-investigator in the Study (for students, list your committee members as co-investigators).

Is Proposal for a Doctoral Dissertation? \_\_\_ Yes \_\_\_ No

\*Grant applications that are being requested to support a graduate student’s research must have approval of the student’s graduate committee prior to grant submission.

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Signature of Committee Advisor

If awarded the grant, please identify who the check is to be made payable and an address of where it should be sent:

Make Check Payable to:

Complete Address:

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**BUDGET**

|  |  |  |
| --- | --- | --- |
| **CATEGORY OF EXPENSE** | **TOTAL COST** | **AMOUNT REQUESTED** |
| **Personnel (names)** |  |  |
|  |  |  |
| **Consultants (names)** |  |  |
|  |  |  |
| **Equipment (itemize)** |  |  |
|  |  |  |
| **Supplies** |  |  |
|  |  |  |
| **Travel** |  |  |
|  |  |  |
| **Other (itemize)** |  |  |
|  |  |  |
| **TOTAL DIRECT COSTS** |  |  |

**BUDGET JUSTIFICATION**



**BIOGRAPHICAL SKETCH**

Provide the following information for the senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

| INSTITUTION AND LOCATION | DEGREE*(if applicable)* | Completion DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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|  |  |  |  |

**A. Personal Statement**

**B. Positions and Honors**

**C. Contributions to Science**

**D. Additional Information: Research Support and/or Scholastic Performance**