**The 2021 AMA Section of Pediatrics Grant Application Overview**

**Goal of the Grants:** These grants are meant to enable projects that improve the health and wellbeing of the pediatric population of Alberta. The size of the funding may support projects that could be used to leverage larger funding opportunities.

**Topics may include:**

Clinical Research, Educational Research, Quality Improvement or Advocacy

Focus must be on Pediatric Patients from birth to age 18 (inclusive of transition to adult care)

**Who Can Apply?**

Open to MEMBERS of the AMA Section of Pediatrcis ONLY- if you are an Alberta Pediatrician and not an AMA member- contact the AMA to join.

Successful applicants from the previous year (awarded in 2020) will not be accepted.

Residents may apply along with a pediatrician who can receive the funding at their academic institution.

**Funding**

Total funds to distribute $30 000

Maximum funding per project is $10 000.

Conference, Poster and related allowances maximum: $500

**Application ranking**

The monetary rewards will be determined by

- the number of requests,

- the requirement of the individual projects

- the quality of the proposal

- the scope of the proposed work – applications with impact provincially and/ or with the potential for scale and spread will be ranked higher

**Requirements:** Successful Applicants will present their work at the AGM of the Section the following year and then provide a project summary and budget explaining fund use at the conclusion of the funding (up to 2 years after the funds are awarded)



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| **Principal Applicant:** | | |
| Surname | Given Name | Role |
| **Project Title:** | | |
|  | | |
| Primary location where research will be conducted: | | |
| Health Care Facility | University | City |
| Institute which will administer the funds (include name, address, telephone number & email of administrative officer) | | |
| Amount Requested: | $ | |
| **Signatures**  It is agreed that the Principal Applicant and Co-Applicants will adhere to their Institutional policies relating to the management and disbursement of the grant funds. | | |
| Proposals must be submitted in full by APRIL 15th, 2021. Maximum funding per project is $10 000. The monetary rewards will be determined by the number of requests, the requirement of the individual projects and the scope of the proposed work (provincial vs local). | | |
| **Principal Applicant** | **Department Head** | AHS |
| Name & Address | Name & Address | Name & Address |
| Email: | Email: | Email: |
| Signature | Signature | Signature |
| Date: | Date: | Date: |

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| **Principal Applicant:** |  | Total Amount Requested |  |
| **Signature**  List all applicants in the following order: Principal Applicant(s) and Co-Applicant(s)  It is agreed that the general conditions governing grants and awards apply to any grant made pursuant to this application and are hereby accepted by the applicant(s). | | | |
| Surname | Given Name | Role | Signature |
| Institution | Department | Faculty | Date |
| Surname | Given Name | Role | Signature |
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| **Principal Applicant:** |  | | Total Amount Requested | $ |
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| **Themes** |  | Paediatric Education |  | |
|  | Child Health Advocacy |
|  | Advancement of Paediatrics |
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| Indicate if the project involves: | | | | |
|  |  | Human subjects | <please include a copy of your Institutional Ethics Committee approval letter> | |
|  |  | Medical chart review |
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| Scope of your project: | | | | |
|  |  | Provincial |  |  |
|  |  | Regional |  |  |
|  |  | City |  |  |
|  |  | Local Clinic |  |  |

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| **Principal Applicant:** |  | Total Amount Requested | $ |
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| **Summary of Grant Proposal**  Summarize the objective(s), hypotheses and research plan. Use Times Roman font, 12 pt, single spaced with no condensed type or spacing. No additional pages may be added. | | | |

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| **Principal Applicant:** |  | Total Amount Requested | $ |
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| **Grant Proposal**  Provide a clear, concise description of your grant proposal. A maximum of 4 pages may be added to this page. Page limits do not include references, charts, or figures. Detailed descriptions of methods and a discussion of the results should be included in the body of the proposal. Questionnaires and consent forms may be attached as appendices, where applicable. Use Times Roman font, 12 pt, single spaced with no condensed type or spacing. | | | |

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| **Principal Applicant:** |  | Total Amount Requested | $ |
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| **Budget**  Include a detailed list of your expenses for the year. | | | |
| **Category** | **Description** | | **Total** |
| **Personnel** |  | |  |
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| **Expendables** |  | |  |
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| **Equipment** |  | |  |
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| **Other** |  | |  |
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| **Details of Financial Assistance Requested**  **On additional pages:**   1. **Provide a full justification for all budget items relative to the grant proposal.** 2. **Detail why funding cannot be obtained from other sources (AHS, University etc) particularly if this is a clinical project (please provide documentation for this).** 3. **Funding will not be provided as a stipend or honorarium to the investigators listed on the grant.** | | | |