



Please submit completed application, saved as a PDF document, to Julie Hitt at julie@societyhq.com

Date:

2024 AOA Foundation Grant Application

PROJECT SUMMARY/ABSTRACT: Provide a succinct and accurate description of the proposed work suitable for dissemination to the public. Limit length to the space provided.

SENIOR/KEY PERSONNEL		
Name (Last, First)	Institution/Department Affiliation	Role on Project

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PROJECT PLAN: See the application instructions for guidance on completing the following sections: Specific Aims, Background and Significance, Project Design and Methods, Anticipated Results, Alternate Strategies, and Next Steps. Limit length to the space provided (Continue on the next page, if necessary).

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PROJECT PLAN, Continued:

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PROTECTION OF HUMAN SUBJECTS/ANIMALS

If applicable, summarize your plan to protect human subjects or animals according to the outline provided in the application instructions. It is highly recommended that your protocol is already submitted for IRB/IACUC approval prior to application being submitted. Limit length to the space provided.

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BUDGET SUMMARY						
Please see the application guidelines for a list of allowable budget items. (No indirects allowed)						
Personnel		%		Dollar Amount Requested		
Name	Role on Project	Effort on Project	Inst. Base Salary	Salary Requested	Fringe Benefits	TOTAL
Subtotals _____→						
Consultant Costs – Not Eligible for Support						
Equipment:						
Supplies:						
Patient care cost:						
Travel expenses (For PI to attend AOA Spring or Fall Meeting to present study):						
Other expenses:						
SUBTOTAL:						
TOTAL COSTS REQUESTED (Not to exceed \$5,000):						

BUDGET JUSTIFICATION In the space below, briefly explain and justify the above costs, providing calculations to show how amounts were determined. Limit length to the space provided.

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SPECIAL APPENDIX - BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
In separate documents, follow this format for each person. DO NOT EXCEED FIVE PAGES.

Name _____

Position Title _____

Education/Training (Begin with baccalaureate or other initial professional education, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY

- A. Personal Statement
- B. Positions and Honors
- C. Contributions to Science
- D. Additional Information: Research Support and/or Scholastic Performance