

American Society for Reconstructive Microsurgery / Lymphedema Education and Research  
Network  
Combined Pilot Research Grant Application

**Preparing to Apply**

**Application:** All Applications must be submitted to the ASRM Central Office

**Deadline:** Grants must be submitted by April 15, 2019 11:59 P.M. (EASTERN) on or before the deadline. NO late submissions will be accepted. Corrections of oversights/errors discovered after the deadline will not be allowed.

**Multiple Submissions:** Applicants may submit more than one grant application ONLY if they are scientifically different, but only one research project may be funded.

Title of Project: \_\_\_\_\_

**Primary Investigator Information**

P.I. Full Name: \_\_\_\_\_ Designation (MD, PhD, DO) \_\_\_\_\_

Current Institution Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Academic Rank: \_\_\_\_\_ What is status of your US CITIZENSHIP? \_\_\_\_\_

Division: \_\_\_\_\_ Department: \_\_\_\_\_ Dates of Proposed Project \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Research Interests: \_\_\_\_\_

Do you hold a full-time clinical or research position in a U.S. or Canadian Institution where the research will be conducted? Yes No (affirmation is required to qualify)

Are you a member of the ASRM? Yes No

Is the Co-PI a member of the ASRM? Yes No

**Institution where work will be completed:**

Name \_\_\_\_\_

Address (including Country): \_\_\_\_\_

Name of institution official signing off: \_\_\_\_\_ Phone: \_\_\_\_\_

Co – Primary Investigator Information

Co -P.I. Full Name: \_\_\_\_\_ Designation (MD, PhD, DO) \_\_\_\_\_

Current Institution Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Academic Rank: \_\_\_\_\_

Division: \_\_\_\_\_ Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Co- Investigator Information

Co -Investigator Full Name: \_\_\_\_\_ Designation \_\_\_\_\_

Current Institution Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Academic Rank: \_\_\_\_\_

Division: \_\_\_\_\_ Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Collaborator Information (if applicable)

Co -P.I. Full Name: \_\_\_\_\_ Designation (MD, PhD, DO) \_\_\_\_\_

Current Institution Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Academic Rank: \_\_\_\_\_

Division: \_\_\_\_\_ Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**For additional key personnel please submit same information as above on a separate page.**

**Face /Signature Page:** After completing your application, you will need to obtain your institutional signatures. Please plan accordingly as obtaining the appropriate signatures may take time. Your grant submission will not be reviewed without institutional sign off.

REQUIRED SIGNATURES:

Signature Primary Investigator: Print \_\_\_\_\_ Signature \_\_\_\_\_

Signature Co-Primary Investigator: Print \_\_\_\_\_ Signature \_\_\_\_\_

Signature Institution Official: Print \_\_\_\_\_ Signature \_\_\_\_\_

Signature Department Chair: Print \_\_\_\_\_ Signature \_\_\_\_\_