AAI Laboratory Travel Grant Application Deadline: January 12, 2016

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AAI is supporting travel grants to mid-career and senior investigators to assist them in attending the AAI annual meeting. The grant is awarded to the principal investigator (PI) or laboratory director as one recipient, and they may select a second recipient from their laboratory.

ELIGIBILITY

To be eligible, an applicant must be a **Regular or Associate AAI member paid through the end of 2016** and hold an appointment of *Associate Professor*, *Full Professor*, or equivalent. (Assistant professors and equivalents are <u>not</u> eligible to apply.) Applicants must fully disclose ALL sources of current funding (federal, state, private, departmental, etc.) and have limited research funds. The applicant should have no more than \$250,000 in total annual direct costs from grants (of any type) and/or institutional research support (excluding PI salary). Applicants must state "no funding" on the Funding Confirmation Form if applicable. Applicants must be a first or last author on one or more abstracts submitted to IMMUNOLOGY 2016TM. The grant is awarded to the PI or laboratory director as one recipient, and they may select a second recipient from their laboratory. **The second recipient must be named at the time of application and must also be an AAI member (Regular, Associate, or Trainee) paid through the end of 2016 at the time of application submission**. Second recipients are not required to be an author on an abstract; however, preference will be given to those who are.

AWARD

These grants will provide up to two travel awards per laboratory at up to \$1,250 each. Recipients will be reimbursed for expenses associated with attending the meeting (registration, travel and lodging at an AAI-designated hotel). In most cases this grant may not be combined with other AAI awards or grants for IMMUNOLOGY 2016TM; trainee second recipients may receive the AAI Trainee Abstract Award or AAI Trainee Poster Award, but the maximum funding under the Laboratory Travel Grant will be reduced commensurately.

APPLICATION INSTRUCTIONS

Please submit award application by logging into your AAI member account at https://aai.org/cvweb_aai/MainLogin.shtml, choosing Award Application in the Member Services menu, and selecting Apply Now for the applicable award in the award list. AII documents should be uploaded https://aai.org/cvweb_aai/MainLogin.shtml, choosing Award Application in the Member Services menu, and selecting Apply Now for the applicable award in the award list. AII documents should be uploaded https://aai.org/cvweb_aai/MainLogin.shtml, choosing Award Application in the Member Services menu, and selecting Apply Now for the applicable award in the award list. AII documents should be uploaded https://aai.org/cvweb_aai/MainLogin.shtml, combined PDF file with a file name of less than 35 characters. Please be aware that the single, combined PDF must be no larger than 20MB. Packages that are not complete will not be considered.

Please include the following in the application package:

- 1. A cover letter clearly designating "AAI Laboratory Travel Grant" and including the following information for the PI/ Laboratory Director and second recipient:
 - Full names (first, middle initial, last)
 - AAI membership numbers
 - Titles and affiliations
 - Current mailing addresses, phone numbers, fax numbers, and e-mail addresses
- 2. Applicant's CV, including current funding and past AAI awards (NIH Biosketch style)
- 3. A completed Funding Confirmation Form signed by Department Chair or Dean
- 4. A copy of the abstract(s) submitted to IMMUNOLOGY 2016[™] [including the abstract control ID number(s), title(s), complete author list(s) in order, and body text]

Applications will be accepted beginning November 18, 2015. Complete application packages must be received by 11:59 PM E.S.T. on January 12, 2016. Packages must be uploaded as a single combined PDF file through your AAI member account at https://aai.org/cvweb_aai/MainLogin.shtml. Incomplete application packages or applications that do not comply with the stated instructions will not be considered. AAI will not accept materials sent separately, through regular mail, or by email. Final award decisions are at the discretion of AAI.



The American Association of Immunologists Funding Confirmation Form

(This form must be completed in its entirety and signed by the Department Chair or Dean.)

*Please print legibly or type.

AAI Member ID:					
Full Name/Degree:					
Mailing Address:					
departmental support; start- extension, specify the amou allocated for your use. If yo	e list all mechanisms of support oup funds; and other support. A ant of funding which remains. It have no funding, please state out must be filled out complete od.	ttach a second sl For grants on whice "none".	heet if needed. If a ch you are a co-inv	a grant is under a no-cost vestigator, list only the fund	
Grant type/number	Funding organization	Funding period	Role (e.g., PI, co-I)	Direct costs for FY 2016 (in U.S. Dollars)	
			Total		
I hereby certify that the	partment Chair/Dean Certif applicant is an independent this form is correct and con	faculty member	<u>cant's Funding S</u> r engaged in full-	tatus time research and the	
Print Name of Department	t Chair/Dean				
Signature:		Date: _			
AAI Member Number:		(If applicable)			
Email Address:					
Office Phone Number:					

Applications missing complete information on research funding support will not be considered.

The American Association of Immunologists Funding Confirmation Form Instructions

The Funding Confirmation Form (FCF) is intended to provide AAI with accurate documentation of your research funding portfolio for the indicated fiscal year. This information is used to determine your financial eligibility for several AAI programs. Please review the following instructions before you fill out the FCF to ensure that you provide correct and complete funding information. Any application submitted with an incomplete FCF will not be considered for award.

A filled-in sample of the "Research Support" portion of the FCF has been provided below for your reference:

Grant type/number	Funding organization	Funding period	Role (e.g., PI, co-PI)	Direct costs for FY 2016 (in U.S. \$)
Ex 1: R01 AI160-09	NIAID/NIH	9/5/14-8/31/17	PI	\$93,108
Ex 2: 156478913	NSF	2/5/12-5/8/15	Co-PI	\$8,034
Ex 3: 14PAI16114	Amer. Heart Assoc.	No-cost ext.	PI	\$42,548
Ex 4: Start-up Funds	University of XYZ	Unlimited	PI	\$82,548
Ex 5: 14SIC184	McIver's Cancer Trust	8/1/14-7/31/16	PI	\$0 (PI salary only)
Ex 6: Careers in Immunol Fellowship	AAI	9/1/15-8/31/16	Fellow	\$19,100
			Total	\$245,338

Instructions:

- 1. Under "Grant type/number," please list the names or numbers of all mechanisms of support individually, including federal, state or private grants; departmental support; start-up funds; and other support. You must also list grants on which you are a co-investigator and grants that are under no-cost extension. Please list both funding mechanisms that have allocations for direct costs (see *Ex 1-4*, *6* in the above sample) and those that do not provide money for direct costs (see *Ex 5* in the above sample).
- 2. Under "Funding organization," write the name of the funding body that provided you with each funding mechanism. The names of well-known organizations, including government institutions and large non-profits may be abbreviated (see *Ex 1-3*), but please write out the names of less well-known funding bodies (see *Ex 5*).
- 3. Under "Funding period," please write the total duration of the award from the start date to the end date using the format MM/DD/YY–MM/DD/YY (see *Ex 1-6*).
- 4. Under "Role," please indicate your designated title for each funding mechanism. Common roles include PI, co-PI, mentor, coordinator, or adviser.
- 5. a. Under "Direct costs for FY 2016" please indicate the amount of money allocated for direct costs from each funding mechanism in fiscal year 2016, beginning 7/1/15 and ending 6/30/16. If your institution operates on a different fiscal year schedule, please provide an estimate for funds that will be allocated for direct costs during 7/1/15–6/30/16.
 - b. For grants operating under no-cost extension, please specify the amount of funds remaining.
 - c. For grants on which you are a co-PI, please indicate only the amount of funds that are allocated for your specific research use. Do not provide the total amount of funds allocated to the group.
 - d. Please exclude funds dedicated to PI salary (see Ex 5) for each funding mechanism listed.
- 6. The FCF form must be signed by the department chair or dean to certify that the applicant's funding status is accurate. If you are the department chair or dean, you must have your supervisor sign the form.