

✓ APPLICATION CHECKLIST:

All grant applications must include this completed and signed Application Checklist as the **first page of the research proposal PDF that is uploaded to the grant system**. Submissions received without a signed and completed Application Checklist will be considered incomplete and will be disqualified. **Check each box below AFTER verifying that the corresponding document is complete. Please sign this document before submitting.**

☑ Eligibility – double check full criteria, listed in eligibility section, prior to applying

You are a current ACG member. Confirm you are an ACG member in good standing prior to applying and you must have an ACG member number. Please note that this is different than applying for membership—all new member applications must be submitted by September 17, 2021.

- Your ACG Member ID is _____.
- You are an MD or DO based in the United States or Canada.
- You hold a full-time faculty position as part of a gastroenterology or hepatology department at a university, medical school, or health care institution at the time of application or are a practicing gastroenterologist or hepatologist at a community practice.
- Your research project is a clinical, translational, social science, or health services research study that aims to accelerate the clinical knowledge in managing the unique GI and hepatology healthcare concerns of underrepresented racial/ethnic minorities, women, LGBTQ+ populations, and/or those living with a disability (not derivative of gastrointestinal disease).
- You are NOT a fellow-in-training.
- Your submission does NOT involve animal research.
- The science for this award is NOT submitted for another ACG award category.
- There will NOT be award overlap: ACG does not provide duplicate funding (if part of a larger study, the budget explains how funds are not duplicated).

☑ Completion

- You have created an account in the ACG grant system (gi.org/research-awards)
- You have a complete combined PDF, containing all necessary elements in the correct order, with this signed Application Checklist as the first page of the PDF to be uploaded to the grant system.
- You have completed all necessary and relevant tasks required as part of the online grant system for this award application, including investigator information (ACG member number, title, email, role for project, institution, and address of institution); a 350-word abstract of the proposed research; listing research topics; a list of any potential conflicts of interest for investigators; indication of IRB approval status; re-submission status

☑ Format of Submitted PDF

- All pages must use 11-point font with minimum ½” margins.
- The upper right header of each page must include your name and the award type, in the following format:
Last name, First Name
Award Type
- The upper left header of each page must include the page number.
- The sections of the PDF are numbered to match the Required Order of Submission as indicated on the checklist, with bold headers for each required section, and the section starts on its own page.

☑ Required Order of Submission

- 1. Application Checklist**—This checklist is complete, signed by the PI, and included as the first page of the submitted PDF.
- 2. Research Proposal**—Your research proposal project description should be a maximum of 5 pages (excluding references). It should include the following sections at a minimum: Specific Aims, Background/Significance, Pilot Data/Previous Work, Research Plan, and Health Equity Impact.
- 3. References**—Include a list of all necessary and relevant references as well as include citations in the project description.
- 4. Budget and Justification**—A budget table with clear justification of all costs is included. Costs covered by the institution vs. the ACG HERA are clearly indicated. Any other costs needed for the project are clearly explained. By submitting the budget, you verify there will be adequate resources to complete the project.
- 5. IRB Status**—An IRB approval letter or indication that IRB approval is pending is included. If selected to receive the award, funds will not be released until ACG receives a copy of IRB approval.
- 6. Conflict of Interest Statement**—Include a COI statement or indicate that none exist.
- 7. Biosketches**—A biosketch for each investigator (Primary Investigator, Co-investigators) is included, all in the NIH format, maximum of 5 pages each. (grants.nih.gov/grants/forms/biosketch.htm).
- 8. Other Research Support**—List the title, funding agency, total direct costs, dates, including expected dates of notification of pending applications for all current and pending funding for Primary Investigator, Co-Investigators. (Use NIH format: grants.nih.gov/grants/forms/othersupport.htm.)
- 9. Letters of Support**—Include any letters of support that demonstrate involvement and support from additional investigators (for example: other research sites providing patients; specialists who will provide specialized training).
- 10. Appendices (Optional)**—use only if needed for data collection forms. Do NOT use to expand project description.

I certify that I have reviewed the Application Checklist and that all portions of my application are accurate and in the required order and format.

Signature of Principal Investigator

Date

Name (Printed)