✔ 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 (or a member of the research team) are a current ACG member. Confirm they are in good standing prior to applying and they 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, DO, or PhD based in the United States, Canada, or Internationally.
- ☐ If you are a physician in training (fellows), a Responsible Investigator, a more senior or experienced investigator at the faculty level in the department of gastroenterology or hepatology, is included in your application, and will provide supervision for this project.
- ☐ NO pilot data is associated with the research project (If you have Pilot data consider applying for the Clinical Research Award category).
- ☐ Your project involves patient-oriented clinical research in the field of gastroenterology or hepatology.
- ☐ Your submission does NOT involve animal research.
- ☐ You are NOT a former or current recipient of an R01, P01, U01, VA Merit Awards or Hughes grants (ACG limits the number of ACG research awards given to recipients of these award types).
- ☐ 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, explain 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. Resubmission Response Letter**—If you are resubmitting this grant proposal, a 2-page (maximum) letter is included that responds to the reviewer's critiques and outlines how you have updated the application. Do not include this item if not applicable.
- ☐ **3. 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, Future Directions, and Research Plan.
- ☐ **4. References**—Include a list of all necessary and relevant references as well as citations in the project description.
- ☐ **5. Budget and Justification**—A budget table with clear justification of all costs and budget items is included. The budget justification should be listed after the budget table, with an explanation for each budget item, including facility fees if funds are requested for this purpose. By submitting the budget, you verify there will be adequate resources to complete the project.
- ☐ **6. 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.
- ☐ **7. Conflict of Interest Statement**—Includes a COI statement or indicates that none exist.
- ☐ **8. Biosketches**—A biosketch for each investigator (Principal Investigator, Responsible Investigator [if a fellow-in-training], any other investigators involved) is included, all in the NIH format, maximum of 5 pages each. (**grants.nih.gov/grants/forms/biosketch.htm**).
- ☐ **9. 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 Principal Investigator, Responsible Investigator (if relevant), and other investigators involved. (Use NIH format: **grants.nih.gov/grants/forms/othersupport.htm**)
- ☐ **10. Responsible Investigator Letter**—A single page letter from the Responsible Investigator (only necessary if you are a fellow-in-training) confirms that you have adequate support and time to complete the project.
- ☐ **11. Other Letters of Support** (Optional)—Included any optional letters of support that demonstrate involvement and support from additional investigators (for example: other research sites providing patients; specialists who will provide specialized training).
- ☐ **12. Appendices** (Optional)—Attach data collection forms. This section does not expand the research proposal.

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)