



IAFF BURN FOUNDATION RESEARCH GRANTS

APPLICATION INFORMATION

Filing Deadline for All Applications is January 30, 2009

The IAFF Burn Foundation welcomes research grant applications from members of the American Burn Association. Although all research topics relevant to burns will be considered, the areas of priority as designated by the Board of Trustees of the IAFF Burn Foundation come under the broad umbrella of "Quality of Life" and "New Clinical Advances."

Topics of interest include by are not limited to pain management, physical and psychological rehabilitation, and wound healing and scarring, especially in children.

Clinical projects are recommended.

It is to the advantage of the applicant if the area of the grant falls within the scope of topics of interest to the IAFF Burn Foundation.

The application requires a definition of salaries, consultants, equipment, supplies and travel as well as a carefully summarized (no more than four typewritten 8x11 pages) research plan. In addition, a copy of the principle investigator's CV must be included with the application. **Please note: the IAFF Burn Foundation Grant does not include indirect costs.**

All applications are reviewed by the Burn Foundation Medical Advisory Board.

Finally, by accepting an award, grant applicants understand and agree to undertake a requirement for an end-of-grant update report to the IAFF Burn Foundation and its Medical Advisory Board, including all proposed publications and presentations, no later than three months following the termination of the award. For second of subsequent year continuation grants, the above is a requirement for submission with the renewal application.

An original completed application and research plan (along with four copies of each document) should be submitted to:

IAFF Burn Foundation
1750 New York Ave, NW
Washington, DC 20006
Attn: Research Grant Application



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS BURN FOUNDATION

APPLICATION FOR: NEW RESEARCH GRANT (2008-2009)

TITLE OF PROJECT:

HUMAN SUBJECTS INVOLVED? YES _____ NO _____

PRINCIPLE INVESTIGATOR
(name, address, telephone, fax number)

APPLICANT ORGANIZATION
(name, address, telephone, fax number)

PERFORMANCE SITE(S)

**NAME, TITLE, ADDRESS OF
INSTITUTIONAL FINANCIAL OFFICER FOR
MANAGEMENT OF GRANTS**

**IF THE PROPOSAL IS ACCEPTED, IN WHAT NAME SHOULD THE GRANT CHECK
BE MADE PAYABLE TO?**

Please return the original and 4 copies of the completed application and research plan to:

IAFF Burn Foundation
1750 New York Ave, NW
Washington, DC 20006
Attn: Burn Research Application

BUDGET FOR 12 MONTHS

PERSONNEL

NAME	ROLE IN PROJECT	%TIME SPENT	SALARY	FRINGE BENEFIT	TOTAL
	Principle Investigator				
CONSULTANT COSTS (name, hourly cost x hours)					
EQUIPMENT (itemize)					
SUPPLIES (itemize)					
TRAVEL (where and purpose)					
MISCELLANEOUS (itemize)					
TOTAL COSTS					