

Trainee name: _____

International Mechanical Diagnosis
and Therapy Research Foundation
www.imdtrf.org

Robin McKenzie Endowed Training Grant

APPLICATION

Follow all instructions explicitly.

Project title (<i>Not to exceed 60 characters including spaces and punctuation</i>):	
<u>Trainee</u>	
Name (<i>Last, first, middle initial</i>)	Degree(s):
Organization (<i>clinic, university, etc</i>)	Mailing address:
Department:	
E-mail:	Total funding request (<i>direct costs only; US dollar</i>)
Telephone (<i>area code, number, extension</i>)	
Mentor Name (<i>Last, first, middle initial</i>)	Degree(s) for mentor:
Organization for mentor (<i>clinic, university, etc</i>)	E-mail for mentor:
By completing this form, I attest that the information contained in this application is true and accurate. I am aware that any false, fictitious or fraudulent statements may incur criminal or administrative penalties.	
Name: _____	Date: _____

Trainee name: _____

Project Description

Clearly and concisely state the background, clinical relevance, and statement of purpose for this proposed project. If accepted for funding, portions of this description will be published on the Foundation's website. **Maximum words: 2 pages.**

Budget

The purpose of the budget and justification is to support all expenses required to complete the development of the proposed project. Only reasonable budgets will be considered. **Include only direct costs.**

Total Amount Requested (US currency) \$_____

I. Mentor (itemize):

Costs:

Total mentor cost: \$_____

Justification:

II. Equipment/software (itemize)

Costs:

Total supply cost: \$_____

Justification:

III. Consultants (other than mentor) (itemize)
Services requested:

Costs:

Total consultant cost: \$_____

Justification:

IV. Travel (itemize)

Costs:

Total travel cost: \$_____

Justification:

V. Other expenses
(itemize)

Costs:

Total other cost: \$_____

Justification:

Disclosure and Conflict of Interest Statement

A conflict of interest statement is required for each grant application. Check all boxes that apply. Provide explanation below for any checked boxes.

- One or more of the participants of this project will or has received personal or professional benefits from a commercial party directly or indirectly related to the proposed project. List the investigator(s) and the benefit.

Name: _____

Benefit: _____

- One or more of the participants has a vested interest in a company or product related to the proposed project. List the participant(s), his/her role on the project, and his/her interest.

Name: _____

Project role: _____

Vested interest: _____

- No conflict of interest exists for the trainee, mentor, and any identified consultants.

I (trainee) attest that all participants have been queried regarding the above information and that the information provided is accurate.

Name: _____

Date: _____

Trainee name: _____

Mentor Agreement

Please have your mentor complete the following:

*I have reviewed the application being submitted by _____
(trainee's name)*

and agree to serve as a mentor for this proposed project.

Mentor's name: _____

Mentor's signature: _____

Date: _____

Trainee name: _____

Biographical Sketch for the Trainee

Complete a biographical sketch for the trainee.

Do not exceed 2 pages.

Name (<i>last, first, middle initial</i>):	Title/position:
----------------------------------------------	-----------------

A. Education and professional training:

Year(s)	Institute and location	Degree (<i>if applicable</i>)	Field of study

B. Work experience

C. Honors/professional memberships/licenses

D. Publications

E. Funding

Biographical Sketch for the Mentor

Complete a biographical sketch for the mentor.

Do not exceed 2 pages.

Name (<i>last, first, middle initial</i>):	Title/position:
----------------------------------------------	-----------------

A. Education and professional training:

Year(s)	Institute and location	Degree (<i>if applicable</i>)	Field of study

F. Work experience

G. Honors/professional memberships/licenses

H. Publications

I. Funding

Trainee name: _____

Timeline

Provide a timeline for the completion of this project. This estimated timeline should be done collaboratively between the trainee and the mentor. A maximum of 12 months should be presented for the completion of the proposed project.

Trainee name: _____

Literature Cited

Please list the literature cited in the Project Description.