

COLUMBUS MEDICAL RESEARCH FOUNDATION

Research and Seminar Grants

Purpose:

The Columbus Medical Research Foundation (CMRF) is a private, not-for-profit organization founded in 1957. The purpose of the CMRF is to sponsor medical research and seminars, primarily in the field of rheumatology. To this end, the CMRF offers annual grants ranging from \$1,000 to \$10,000.

Project Priority/Time Horizon:

Priority is given to research projects and seminars in the field of rheumatology. Time horizons of one year or less are preferred.

Research/Seminar Objectives:

The research/seminar objectives supported by the CMRF are, in general, the following: (1) to improve clinical practice, (2) to improve patient outcomes, (3) to improve the quality of patient care, and (4) to lead to a better understanding of disease etiology and progression.

Application Procedures:

Applicants must complete the attached CMRF Grant Application and mail it to: Columbus Medical Research Foundation, P.O. Box 21481, Columbus, OH 43221. Applications may also be submitted via email to ColumbusMedicalResearch@gmail.com; however, signed, hard copy must follow in the mail. Additional copies of this application may be downloaded at www.columbusmedicalresearch.org. Applications must be received by August 1st. Questions may be directed to ColumbusMedicalResearch@gmail.com.

Review and Award Procedures:

Complete applications will be reviewed by CMRF Board Members. Review criteria for research projects include: (1) originality, (2) significance, (3) scientific soundness, (4) feasibility, (5) qualifications and experience of the Principle Investigator. Review criteria for seminars include: (1) originality, (2) significance, (3) intended audience and (4) qualifications and experience of the speaker(s). For applicants who have received a CMRF grant in the past, award decisions for new applications may be influenced by the applicant's ability to publish past results and past compliance with the responsibilities of awardees.

Applicants will be advised of the award decisions in September.

Responsibilities of Awardees:

Awardees must recognize the support of the CMRF in seminars, presentations and publications. Awardees also must provide a brief, written report of results, on or before August 1 of the year following the award decision. For research projects, the report should contain a brief summary of the results and the name of the journal or conference where the results have been or will be presented. If a published abstract or manuscript is available, a copy may be submitted in lieu of the report of results. For seminars, the report should contain the name(s) of seminar speakers, date(s) of seminars, the approximate number of attendees, the type of attendees (e.g., general public, faculty, etc), and a copy of any seminar materials.

**COLUMBUS MEDICAL RESEARCH FOUNDATION
GRANT APPLICATION**

1. Type of Project (Check One):

- ☐ Research Project
☐ Seminar

2. Title of Project: _____

3. Research Project Principle Investigator or Seminar Principle Contact:

Name: _____	Telephone: _____
Title: _____	Email: _____
Department: _____	Organization or University: _____
Mailing Address: _____	

4. Co-Investigator(s)

Name: _____	Name: _____
Title: _____	Title: _____
Department: _____	Department: _____
Organization or University: _____	Organization or University: _____

5. Payee: The CMRF can not make checks out to individuals. Please indicate the 501C3 organization or University that will be the recipient of the grant award check. Provide a mailing address if different from above.

Organization or University: _____

Tax ID #: _____

Mailing Address: _____

6. Include the following as attachments:

For a Research Project:

- ☐ Abstract, limited to 500 words, including sections titled Objectives and Methods
- ☐ Project timeline
- ☐ Biographical sketch of Principle Investigator
- ☐ Budget

For a Seminar:

- ☐ Objectives
- ☐ Date
- ☐ Biographical sketch of speaker(s)
- ☐ Audience – est. size and type of attendees
- ☐ Budget

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application. I agree to acknowledge any funding received from the CMRF in publications or presentations of the above research project/seminar. I agree not to accept funding from any source in excess of the project budget. I agree to absolve and hold harmless the CMRF of and for any liability associated with the project.

Signature: _____
Principle Investigator /Seminar Contact

Date: _____