

ELIGIBILITY EXPANDED TO CURRENT OR NEW MEMBERS FOR 2016!

AAI Travel Grants for the
International Congress of Immunology 2016
Melbourne, Australia
August 21 – 26, 2016
<http://ici2016.org/#eoi>



Application Deadline: March 21, 2016

DESCRIPTION

AAI is expanding eligibility for the \$1,000,000 in travel grants it will award to AAI members for the International Congress of Immunology 2016 (ICI 2016), August 21-26, in Melbourne, Australia. Grant application was first opened to AAI members in good standing for two consecutive years (2015 and 2016). We are now pleased to open eligibility to current and new members for 2016! Recipients will be reimbursed up to \$2,500 US for their travel expenses to the meeting. All awards will be for reimbursement only. Requests for in-kind payments cannot be accommodated.

ELIGIBILITY

We invite AAI members of all career stages to apply. To be eligible, an applicant must meet all of the following criteria:

1. Be a Trainee, Associate, or Regular AAI member in good standing for 2016. An applicant must have joined or renewed his/her membership for 2016 by the time of application submission.
2. Have submitted an abstract to the ICI 2016. This includes late-breaking abstract submissions.

Preference will be given to applicants with no more than \$250,000 in total research funding from all sources (excluding PI salary).

Only one member from a laboratory will be eligible to receive a grant. Applicants may not combine an AAI Travel Grant with any other ICI 2016 Travel Grant or Award.

Members of the AAI Council, AAI Awards Committee, and their relatives and direct employees, are ineligible to apply.

APPLICATION INSTRUCTIONS

Please submit award application by logging into your AAI member account at https://aai.org/cvweb_aai/MainLogin.shtml and selecting Apply for International Congress of Immunology Travel Grant in the Member Services menu. All documents should be uploaded as a single combined PDF file with a file name of less than 25 characters. Please be aware that the single, combined PDF must be no larger than 20MB. Packages that are not complete will not be considered.

Please include the following in the application package:

1. A letter (not to exceed one page) clearly designating “AAI ICI 2016 Travel Grants” which includes the following information:
 - Full name (first, middle initial, last)
 - Title and affiliation
 - Current mailing address, phone number, and email address
 - A brief statement of applicant’s research goals and why attending the ICI 2016 is important to you
2. A copy of the abstract(s) submitted to the ICI 2016 (including abstract control ID number, title, complete author list in order, and body text) and abstract receipt confirmation(s)
3. Applicant’s curriculum vitae with a complete list of current research funding, any travel awards to the ICI 2016, and all past AAI awards or grants
4. A signed [AAI Funding Confirmation Form](#) (Trainee members must submit a Funding Confirmation Form completed by their PI listing the PI’s research funding portfolio.)
5. A signed [AAI Trainee Certification Form](#) (Trainee members only)

Complete application packages must be received by 11:59 PM Eastern on March 21, 2016. Packages must be uploaded as a single combined PDF file through your AAI member account at https://aai.org/cvweb_aai/MainLogin.shtml. Incomplete application packages or applications that do not comply with the stated instructions will not be considered. AAI will *not* accept materials sent separately, through regular mail, or by email. Final award decisions are at the discretion of AAI.

To view a complete listing of AAI Awards and past recipients, visit: <http://www.aai.org/awards>.



The American Association of Immunologists Funding Confirmation Form

(This form must be completed in its entirety and signed by the
Department Chair or Dean.)
Please print legibly or type.

AAI Member ID: _____

Full Name/Degree: _____

Title: _____

Email Address: _____

Mailing Address: _____

Research Support: Please list all mechanisms of support individually including federal, state or private grants; departmental support; start-up funds; and other support. **Attach a second sheet if needed.** If a grant is under a no-cost extension, specify the amount of funding which remains. For grants on which you are a co-investigator, list only the funds allocated for your use. If you have no funding, please state "none".

Information for each column must be filled out completely for each mechanism of research support in order for your application to be considered.

| Grant type/number | Funding organization | Funding period | Role (e.g., PI, co-I) | Direct costs for FY 2016 (in U.S. Dollars) |
|-------------------|----------------------|----------------|-----------------------|--|
|-------------------|----------------------|----------------|-----------------------|--|

Total _____

Department Chair/Dean Certification of Applicant's Funding Status

I hereby certify that the applicant is a faculty member engaged in full-time research and the information provided on this form is correct and complete.

Print Name of Department Chair/Dean

Signature: _____ Date: _____

AAI Member Number: _____ (If applicable)

Email Address: _____

Office Phone Number: _____

Applications missing complete information on research funding support will not be considered.



The American Association of Immunologists Funding Confirmation Form Instructions

The Funding Confirmation Form (FCF) is intended to provide AAI with accurate documentation of your research funding portfolio for the indicated fiscal year. This information is used to determine your financial eligibility for several AAI programs. Please review the following instructions before you fill out the FCF to ensure that you provide correct and complete funding information. **Any application submitted with an incomplete FCF will not be considered for award.**

A filled-in sample of the “**Research Support**” portion of the FCF has been provided below for your reference:

| Grant type/number | Funding organization | Funding period | Role (e.g., PI, co-PI) | Direct costs for FY 2016 (in U.S. \$) |
|--|-----------------------|----------------|---------------------------|--|
| <i>Ex 1:</i> R01 AI160-09 | NIAID/NIH | 9/5/14-8/31/17 | PI | \$93,108 |
| <i>Ex 2:</i> 156478913 | NSF | 2/5/12-5/8/15 | Co-PI | \$8,034 |
| <i>Ex 3:</i> 14PAI16114 | Amer. Heart Assoc. | No-cost ext. | PI | \$42,548 |
| <i>Ex 4:</i> Start-up Funds | University of XYZ | Unlimited | PI | \$82,548 |
| <i>Ex 5:</i> 14SIC184 | McIver’s Cancer Trust | 8/1/14-7/31/16 | PI | \$0 (PI salary only) |
| <i>Ex 6:</i> Careers in Immunol Fellowship | AAI | 9/1/15-8/31/16 | Fellow | \$19,100 |
| Total | | | | \$245,338 |

Instructions:

- Under “Grant type/number,” please list the names or numbers of all mechanisms of support individually, including federal, state or private grants; departmental support; start-up funds; and other support. You must also list grants on which you are a co-investigator and grants that are under no-cost extension. Please list both funding mechanisms that have allocations for direct costs (see *Ex 1-4, 6* in the above sample) and those that do not provide money for direct costs (see *Ex 5* in the above sample).
- Under “Funding organization,” write the name of the funding body that provided you with each funding mechanism. The names of well-known organizations, including government institutions and large non-profits may be abbreviated (see *Ex 1-3*), but please write out the names of less well-known funding bodies (see *Ex 5*).
- Under “Funding period,” please write the total duration of the award from the start date to the end date using the format MM/DD/YY–MM/DD/YY (see *Ex 1-6*).
- Under “Role,” please indicate your designated title for each funding mechanism. Common roles include PI, co-PI, mentor, coordinator, or adviser.
- Under “Direct costs for FY 2016” please indicate the amount of money allocated for direct costs from each funding mechanism in fiscal year 2016, beginning 7/1/15 and ending 6/30/16. If your institution operates on a different fiscal year schedule, please provide an estimate for funds that will be allocated for direct costs during 7/1/15– 6/30/16.
 - For grants operating under no-cost extension, please specify the amount of funds remaining.
 - For grants on which you are a co-PI, please indicate only the amount of funds that are allocated for your specific research use. Do not provide the total amount of funds allocated to the group.
 - Please exclude funds dedicated to PI salary** (see *Ex 5*) for each funding mechanism listed.
- The FCF form must be signed by the department chair or dean to certify that the applicant’s funding status is accurate. If you are the department chair or dean, you must have your supervisor sign the form.

The American Association of Immunologists Trainee Certification Form

To qualify as a trainee, please submit this form upon payment (of membership dues or event registration).
See bottom of form for submission instructions.*

Please print legibly or type.

AAI User ID (also AAI Member Number, if a member): _____

AAI Trainee Member Paid for Current Year Yes No

Trainee Full Name: _____
 First Middle Last

Mailing Address: _____

Trainee Status (check one): Student (Pre doctoral) - Degree and Year Expected: _____
 Post doctoral - Degree and Year Received: _____

Advisor/Department Chair Certification of Applicant's Trainee Status

I hereby certify that the Trainee named above is a registered student or postdoctoral fellow engaged in a research training program, clinical fellowship, or residency program.

Name of Advisor/Department Chair

Advisor Signature: _____ Date: _____

If an AAI member, Advisor AAI User ID / Member Number: _____

Advisor Institutional E-mail Address: _____

***To submit, upload a PDF of this signed form** directly to your AAI user / member profile: At www.aai.org, click on 'Update Your AAI Member or Non-Member Profile' in the upper right, log in, and then click on 'Upload Trainee Certification' under Account Services.