

AAI Early Career Faculty Travel Grant

Application Deadline: January 11, 2017



AAI is pleased to offer travel grants to early career investigators to assist them in attending the AAI annual meeting.

ELIGIBILITY

To be eligible, an applicant must be a **Regular or Associate AAI member paid through the end of 2017** and hold an appointment of **Assistant Professor** or equivalent. Postdoctoral fellows, other trainees, and senior faculty (associate professor and above) are not eligible. Applicants are not required to be an author on an abstract; however, preference will be given to those who are.

AWARD

Recipients will be reimbursed up to \$1,250 for expenses associated with attending the AAI annual meeting (registration, travel, and lodging at an AAI-designated hotel). This grant may not be combined with other AAI awards or grants for IMMUNOLOGY 2017™.

APPLICATION INSTRUCTIONS

Please submit award application by logging into your AAI member account at https://aai.org/cvweb_aai/MainLogin.shtml, choosing Award Application in the Member Services menu, and selecting Apply Now for the applicable award in the award list. **All documents should be uploaded as a single combined PDF file with a file name of less than 35 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 cover letter clearly designating "AAI Early Career Faculty Travel Grant" and including the following information:
 - Full name (first, middle initial, last)
 - Title and affiliation
 - Current mailing address, phone number, fax number, and e-mail address
 - Title(s) and ID number(s) of abstract(s) submitted to IMMUNOLOGY 2017™, or state "NO ABSTRACT SUBMITTED"
2. Applicant's curriculum vitae, including current funding and past AAI awards (NIH Biosketch style)
3. A completed [Funding Confirmation Form](#) signed by Department Chair or Dean
4. A copy of the abstract(s) submitted to IMMUNOLOGY 2017™ including the abstract submission ID number(s), title(s), complete author list(s) in order, and body text (if applicable)

Applications will be accepted beginning November 22, 2016. Complete application packages must be received by 11:59 PM Eastern on January 11, 2017. 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.)

*See Funding Confirmation Form Instructions for helpful hints on filling in this form.
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. Please exclude funds dedicated to PI salary for each funding mechanism listed. 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 2017 (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 2017 (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	2/5/14-5/8/17	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	8/1/15-7/31/17	PI	\$0 (PI salary only)
<i>Ex 6:</i> Careers in Immunol Fellowship	AAI	9/1/16-8/31/17	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 2017” please indicate the amount of money allocated for direct costs from each funding mechanism in fiscal year 2017, beginning 7/1/16 and ending 6/30/17. If your institution operates on a different fiscal year schedule, please provide an estimate for funds that will be allocated for direct costs during 7/1/16– 6/30/17.
 - 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.
 - Grants which provide salary support for laboratory personnel, including AAI Careers in Immunology Fellowships (see *Ex 6*), should be included.
- 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.