

ACEP 2018 Section Grant Final Application

Please enter your response under each heading.

Name of section:

Name, address, phone number, e-mail address of project coordinator:

Name, address, phone number, e-mail address of section chair:

Title of project:

Please confirm that you have read and understand the Criteria for Evaluation and include a completed copy of the Final Application Checklist with this application (see Section Grant Manual): Y / N

***Signature of Project Coordinator**

***Signature of Chair**

***Signature of Staff Liaison**

*Electronic signatures or email trail with appropriate approvals are accepted.

Project description to include the following:

Rationale, Objectives, Methodology, Expected Outcome, Expected Benefits (how will the project help meet member or section needs; help educate the public; and/or further the advancement of emergency medicine)

Responses to any questions, issues, or concerns identified by the Sections Subcommittee in review of your letter of intent:

How will you promote your project / outcome product? Who is your target audience?

Project work schedule (please list project tasks, individuals responsible, and projected dates for completion):

Estimate of section members' time to be spent on the project:

Estimate of ACEP staff support to project in terms of time and dollars. See page 16 of the Section Grant Manual for staff labor rates and contact your section staff liaison for clarification on job grade levels.

Disclosure of other funding sources (please include information on other grant applications, either approved or pending, as well as information on other entities providing funds to accomplish this project. Provide the total amount of funds from these sources. Also note that all patents and copyrights arising from section grant projects will be owned by national ACEP.):

Total project budget (estimated project costs and ACEP staff support in dollars). Refer to the Criteria for Evaluation, #18 for a list of items not applicable for funding. Please include a line item budget for total project revenue and expenses:

Total amount requested from ACEP Section Grant Program:

Please attach IRB/AUC approval, if applicable, sources of errors or barriers to completion, and sample size as appropriate and CV of project coordinator.