

**Massage Therapy Foundation Research Grant
Cover Page**

Grant Number: (office use only)

Project Title:
Principal Investigator:
Amount Requested in USD:
Project Start Date: Project Completion Date:
Indicate new grant, continuation grant, or revised resubmission:

Personnel Contact Information:

Principal Investigator

Name:		
Title:		
Institution:	Department:	
Mailing Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

Grant Administrator of Sponsoring Organization

Name:		
Title:		
Institution:	Department:	
Mailing Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

The undersigned hereby certifies acceptance of the terms and conditions of the Research Grant program as outlined in the Guide for Applicants and the attached instructions as well as any conditions applied to a grant awarded pursuant to this application. The co-researchers agree that the person named above as Grant Administrator will administer the grant.

Principal Investigator:

Grant Administrator:

Name (please print)

Name (please print)

Signature

Date

Signature

Date

PART A: APPLICATION FOR RESEARCH GRANT
Summary of Proposed Research Project

An overview of your research program, suitable for publication, is required. Using the structured abstract format below, please provide a concise statement of the research objective(s) and design indicating clearly the work to be undertaken during the period for which support is requested. Do not exceed page.

OBJECTIVE:

DESIGN:

SETTING:

PARTICIPANTS:

MAIN OUTCOME MEASURES:

DATA ANALYSIS:

IRB REVIEW:

TIMELINE:

RESOURCES:

PART B: FINANCIAL DATA
Section 1: Budget Summary

Summarize your request and present your budget. All items must be justified on the following page.

Personnel Cost	\$ _____
Incentives	\$ _____
Purchase, rental, or maintenance of equipment	\$ _____
Professional/technical services contracted	\$ _____
Materials, supplies, and incidentals	\$ _____
Transportation and subsistence	\$ _____
Phone/FAX/Postage	\$ _____
Computing and statistical cost	\$ _____
Printing/Copying	\$ _____
Others (specify)	\$ _____
Less total funds from other sources (excluding personal income)	(--) \$ _____
Total grant requested	\$ _____

Other granting programs from which you have requested or received funds for this research

Organization	Title of Research Activity	Amount Requested	Status of Request
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART B: FINANCIAL DATA
Section 2: Budget Justification

Please give budget details and justify each item in relation to the objectives and requirements of the research program.

PART B: FINANCIAL DATA

Section 3: Staffing Plan

Please indicate each researcher, collaborator and massage therapist's percentage of time by task. Include more pages if necessary.

<u>Principal Investigator</u>	<u>Tasks</u>	<u>Percentage of Time</u>
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<u>Collaborator(s)</u>	<u>Tasks</u>	<u>Percentage of Time</u>
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<u>Massage Therapists</u>	<u>Tasks</u>	<u>Percentage of Time</u>
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PART C: QUALIFICATIONS AND EXPERIENCE

Section 1: Resume

Please attach a complete resume or C.V. for the Principal Investigator, each Collaborator, and Principal Massage Therapist.

Section 2: Record of Research Achievements

Outline relevant and significant contributions to research within the last six years, or most recent period of research activity, including publications (authored and co-authored articles, books, book chapters, book reviews), research reports, and papers, etc. New researchers should list theses, and indicate whether or not published, or relevant experience and accomplishments (full list not to exceed the space provided on this page). Indicate with an asterisk those publications resulting from your most recent Massage Therapy Foundation grant, if applicable.

PART D: PROGRESS REPORT ON RECENTLY FUNDED RESEARCH ACTIVITIES

Summarize in the space provided results from your most recent research grants. Indicate the source, title, status of the research (complete or in progress), and whether the research achieved the objectives for which funding was awarded. (List relevant publications in Part C.)

List anticipated products of above research such as papers completed but not yet submitted for publication, works in preparation, etc.

PART E: RESEARCH PLAN

No more than 11 additional pages, excluding bibliographies, are permitted for the research plan. Please number your pages. Describe thoroughly the research you propose to undertake including a summary of research in the field, specific aims, research design, and methods, time line, etc.

PART F: FACILITIES AND RESOURCES

Briefly describe the facility where the project will be conducted, specifying resources that will assist the successful completion of the proposed project. Do not exceed page.

PART G: RESEARCH ETHICS

This section is to be completed by the institution's committee for the surveillance and monitoring of standards of ethics for research in which human subjects and/or animal subjects are involved. The term "subject" for purposes of this review, refers to any person or animal who is used as a source of raw or unformulated data in the conduct of research.

The Massage Therapy Foundation supports the principle that, in any research undertaking, the rights and integrity of human and animal subjects take precedence over the need to conduct research. The Massage Therapy Foundation recognizes that it is not itself vested with any authority to decide, on behalf of the public, when a subject's rights may be superseded by the need for research. However, as a trustee of public funds, the Massage Therapy Foundation has a responsibility to ensure that the activities it supports respect the rights of the public it serves.

Accordingly the Massage Therapy Foundation requires that all research involving human or animal subjects be approved by the ethics review committee of the institution by which the principal researcher is employed (or if the applicant is a private scholar, that equivalent proof of meeting ethics standards be provided).

The committee will be expected to monitor the research project in order to ensure that, over its duration, it continues to meet appropriate standards of ethics. Membership of the ethics review committee is expected to be broadly based and should include individuals from both within and without the applicant's department and discipline who have no association with the research.

In the space below, the composition of the committee should be indicated (though not necessarily the names of the members). This section should be dated and signed by 1) the committee chairperson, and 2) the applicant's department head or a representative of the institution.

This form must be submitted to the Massage Therapy Foundation prior to the Grant award. Receipt of this completed form will be interpreted as confirmation that the proposed research meets the necessary standards of ethics. However, the Massage Therapy Foundation reserves the right of final judgement where circumstances warrant.

CERTIFICATION OF INSTITUTIONAL ETHICS REVIEW COMMITTEE

This is to certify that the institutional Ethics Review Committee of _____ has examined the Research Proposal submitted by _____ entitled _____ and concludes that, in all respects, the proposed research meets appropriate standards of ethics as outlined by the Massage Therapy Foundation.

<u>Members of the Committee</u>		
Name (optional)	Position Held	Department or Discipline
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Date _____ Committee Chairperson _____ Department Head or Institutional Representative

Part H: Signatures of Proposed Collaborators

All Collaborators listed in the Staffing Plan in Part B: Section 3 must sign to confirm their participation in the proposed research. By signing below, the collaborator agrees with the assigned tasks in the staffing plan as well as the percentage of time that will be allocated to each task he/she is assigned.

Collaborator:

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

READ THIS CAREFULLY
INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT REVIEW

Please check the appropriate boxes on the right indicating that the necessary information and/or materials are included with your application. Each applicant is responsible for ensuring that the application is complete.

Name of applicant:

	Included	Not Included
1. Application form including signatures (Part A, Section 1).	<input type="checkbox"/>	<input type="checkbox"/>
2. Budget summary and justification (Part B).	<input type="checkbox"/>	<input type="checkbox"/>
3. Qualifications and experience of principal researcher, co-researchers, and principal massage therapist (Part C).	<input type="checkbox"/>	<input type="checkbox"/>
4. Progress report from previous research, if applicable (Part D).	<input type="checkbox"/>	<input type="checkbox"/>
5. Research Summary (Part A, Section 2) and description of research program with bibliography of all references cited (Part E).	<input type="checkbox"/>	<input type="checkbox"/>
6. Staffing plan indicating each persons percentage of time by task (Part B).	<input type="checkbox"/>	<input type="checkbox"/>
7. Certificate/proof of ethics approval (Part G).	<input type="checkbox"/>	<input type="checkbox"/>
8. Any relevant supporting documents including approved consent forms and signature page for proposed collaborators.	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate where you learned about the Massage Therapy Foundation Research Grant. If you learned about the grant through a journal please indicate the name of the journal.