Applications: - Sample

Historical

Grant Selection
Blue Sky Focus Grant (invited apps only)

REMEMBER TO CHOOSE GRANT TYPE, ABOVE. MANY FIELDS WILL NOT LOAD UNTIL A GRANT CATEGORY IS SELECTED. Thank you for your interest in AFSP's grants program. As you complete the online application, you will be asked to upload attachments, including a signature form, budget form, timeline form, recommendation form (in the case of young investigators and postdoctoral applicants only), project description, and appendices. Links to the appropriate forms are above. YOU MAY SUBMIT ONLY ONE APPLICATION PER CYCLE.

Before applying, read our Grant Policies document here: https://www.datocms-assets.com/12810/1783958580-afsp-2026-cycle-all-policies-final.pdf
You can read about the grant review process here: https://afsp.org/research-grant-application-review-process

Press SAVE for drafts; if you do not press Save, your information may be lost. Press MARK COMPLETE to check all required fields are complete, and to advance to the SUBMIT page. Your application will not be received and reviewed unless you press Submit on the Submission page.

Grant Identification Number (assigned by AFSP after submission; do not fill out)

Is your application a resubmission?
No

If you have received an AFSP Focus Grant previously, please describe the accomplishments and impact achieved with that grant. Also provide citations for publications resulting from the grant.

If you are seeking funding to supplement a federally-funded study, please indicate the Agency, Grant ID (Project #), PI(s), Grant Period/Dates, and Title for the study here:

Grant Term
Three Years

Total Amount Requested (include all sites if multi-site)
$1,500,000

Project Title (limit to 100 characters)
xxxxxxxx

Key Words (3 to 5 words on population, special methods, etc.)
xx, xx, xx, xxx

PI Information. Note that only ONE PI is allowed, unless applying for a multi-site LSRG or Focus Grant; Co-I's are allowed.

ORCID Identifier (if you have one). https://orcid.org/

First Name of Principal Investigator
Maria

Last Name of Principal Investigator
Sample

Degree(s): Simply designate PhD, MD, MSW, MPH, MA etc
PhD

Position or Title

Senior Research Scientist

Institution
ABC Health Research Institute

Department
Behavioral Health Research

Address 1
111 Sample Drive

Address 2

City
Millbrook

State
Minnesota

Postal Code
55112

Country
United States

Phone Number
111-011-0101

Email Address (log-in email). This is the email we will use for all correspondence.
m.sample@abchri-example.org

Additional Email

Fax Number

How did you hear about this grant opportunity?

Please complete Application Signature Form above and then upload here.

Financial Contact Information

Checks Payable To
ABC Health Research Institute

Checks Mailed To
Grants & Contracts Office

Address 1
111 Sample Drive

Address 2

City
Millbrook

State
Minnesota

Postal Code
55112

Country
United States

Phone Number
111-011-0101

Financial Email Address
grants@abchri-example.org

Administrative Contact Information

Administrative Office (financial reports)
ABC Health Research Institute, Office of Sponsored Programs

Administrator Name
Jordan Grant

Address 1
111 Sample Drive

Address 2

City
Millbrook

State
Minnesota

Postal Code
55112

Country
United States

Phone Number
222-022-2020

Administrative Email Address

For Tax Purposes:

Employer Identification Number (EIN)
XX-XXXXXXX

Internal Revenue Code (IRC Section)

Abstract of Proposed Research

Include in abstract: research aims and hypotheses, sample, measures, procedures, potential impact, and next steps in this line of proposed research. Complete using language that can be understood by an informed lay audience. Do not use abbreviations or technical terms without providing a clear definition or explanation. Limit 500 words.

Abstract
This field is required

In the spaces provided below provide the requested information for all named personnel who will be participating on your project. All personnel appearing on your budget, including consultants (with the exceptions of administrative or research assistants), must be listed below. List personnel even if they will not be paid with grant funds.

Key Personnel
Maria Sample

Institution
ABC Health Research Institute

Role on Project
Principal Investigator

Click here to continue to add other personnel
Yes

Add another
Yes

Key Personnel
David Okafor

Institution
BAC State University

Role on Project
Co-Investigator

Add another
Yes

Key Personnel
Jeremy Anad

Institution
BAC State University

Role on Project
Project Manager

Add another
Yes

Key Personnel
June Stewart

Institution
BAC State University

Role on Project
Data Analyst

Add another

Budget

All requested information must be provided on the AFSP budget form, and the total amount requested for the first and second (if applicable) year of the project should be indicated. If applying for a MULTISITE grant, this upload is only for the primary site. Please upload in PDF format.

Instructions: Indicate for each person participating on the project: name, position, percentage of time to be dedicated to the project, and the amount of funds requested. Note that the use of "to be named" should be used only for support or clerical personnel. All personnel who will be playing a substantial role in the project should be specifically listed in the Key Personnel section, even if not grant funded, and their biographical information provided on the appropriate forms. All consultants to the project who will receive grant funds must also be specifically identified, and a letter of agreement to collaborate from each consultant should be included with the application. Identify all other direct cost items for which funds are requested, and the amount requested in each budget year for each item. Prior to filling out and uploading the grant budget below, please consult the policy form for your specific grant application for information on allowable and non-allowable costs. Policies for all applications may be found at

www.afsp.org/grantcategories.

Please download and complete the template located at the top of this application. Then upload below - as a PDF only please. Innovation Grants are generally two years, while Focus Grants may be up to three years. Please complete the applicable form.

Budget Limits:

AWARD LIMITS

Distinguished Investigator Grant	$150,000 (two years)
Standard Research Grant	$125,000 (two years)
Early Career Research Grant	$140,000 (two years)
Postdoctoral Fellowship	$140,000 (two years)
Pilot Research Grant	$50,000 (one or two years)
Linked Standard Research Grant	$450,000 (two years)
Focus Grants	$500,000/year (up to three years)

Upload Budget - PDF Only Please

MULTI- SITE GRANTS EXPLANATION OF SITE CONTRIBUTIONS: If multi-site, please describe the unique expertise and/or role that each site contributes. Bear in mind that each site is also expected to contribute to data collection.

For Linked Standard Research Grants or Focus Grant multi-site projects, please submit a Total Grant Budget reflecting the total budget for all sites together over the course of the grant. Please download and complete the template located at the top of this application. Then upload below.

Total MultiSite Budget - PDF Only Please

Information for Additional Project Sites for Linked Grants or Multi-Site Focus Grants (Note: Site PIs must contribute 10% effort or more)

First Name of Additional Site PI
Nick

Last Name of Additional Site PI
Awardee

Degrees for Site PI: Simply designate PhD, MD, MSW, MPH, MA etc
PhD

Position or Title for Additional Site PI
Professor

Linked Institution
University of Pittsburgh Medical Center

Linked Department
Psychiatry

Linked Address 1
123 Sample Street

Linked Address 2

City
Pittsburgh

State
Pennsylvania

Postal Code
15213

Country
United States

Phone Number
222-022-0202

Email Address
awarnt@upmc.edu

Complete Application Signatures Form, at the top of this application, then upload here. For Additional Site.

Please upload budget for Additional Site here. A blank template is at the top of the application.

First Name of Additional Site PI

Title or Position for Additional Site PI

Title or Position for Additional Site PI

Institution for Additional Site PI

Department for Additional Site PI

Address 1 for Additional Site

Address 2 for Additional Site

City

State

Postal Code

Country

Phone

Email

Complete Application Signatures Form, at the top of this application, then upload here. For Additional Site.

Please upload budget for Additional Site here. A blank template is at the top of the application.

Budget Justification

Budget Justification for Total Budget
This field is required

Research Environment: Describe how the scientific environment(s) in which the research will be done contributes to the probability of success (e.g., institutional support, physical resources, and intellectual rapport). In describing the scientific environment in which the work will be done, discuss ways in which the proposed studies will benefit from unique features of the scientific environment or subject populations or will employ useful collaborative arrangements.
This field is required

Biographical Sketches

Please submit the NIMH approved biosketch form by downloading and completing the template located at the top of this application. Then upload below.You can use either the 4 or 5-page version of the NIMH form. Please combine all biosketches you may have into a single file and upload that file in the space indicated below. Biosketches are required for all key personnel, including mentors. Note: Consultants on your project do not require biographical sketches. Instead, AFSP requires a letter of agreement from each consultant. Please combine all letters of agreement you may have into a single file with biosketches and upload that file in the space indicated below.

Biosketch

Upload Biosketches/Consultant Letters of Agreement

Project Description

This section of the application should provide sufficient detail to allow reviewers to evaluate the proposed methods and procedures for your project. It must include: 1) a statement of the specific aims and hypotheses (no more than one page); 2) information on background and significance, which include a description of prior related work and the significance of the proposed study for the field; 3) a description of sample, measures, data collection, and data analysis methods to be employed; and 4) a discussion of the study's strengths and weaknesses. There must be a suicide outcome measure included in the study. The number of subjects and the power of the study should be indicated. Explicit details need to be given substantiating the availability of the proposed number of patients or research participants within the amount of time allocated for subject recruitment and enrollment. Additionally, if this proposal is analysis of data previously collected, details regarding the fidelity, currency, and accessibility of the data need to be provided in the application.

Upload Focus Grant Project Description. Project description should be no more than twelve (12) single-spaced pages, with 0.75 inch margins and 11-point font or greater; Arial or Calibri fonts strongly recommended. Please use PDF format only. Please include as a header: "[NAME]-Project Description Upload" *

Potential Impact of Covid-19

Please provide a brief work plan modification that reflects any changes you might need to make to your study in the event it must be conducted virtually (contactless). Keep in mind that the changes must be scientifically sound and not significantly alter your your ability to achieve your stated aims. This section is optional, though recommended, and will NOT be scored, evaluated or influence any funding

decision.The link at the end provides questions for research participants that have been developed by the COVID-19 International Suicide Prevention Research Collaboration to assist the research community in including questions about COVID-19 and it's impact. Both the disease itself and individual and community responses to the disease are influencing mental health, and more information is needed. While NOT required, we think it is important for researchers in suicide prevention to consider adding these questions to your study questionnaires, as feasible and appropriate. https://iasp.info/wp-content/uploads/ICSPRC_COVID_advice_on_questions.pdf

Certification for Protection of Human and Animal Subjects

Principal Investigator
Maria Sample, PhD.

Project Title (IRB approval title must match application title)
xxxxxxxx

Safeguarding the rights and welfare of human and animal subjects involved in activities supported by grants from the American Foundation for Suicide Prevention is the responsibility of the institution that receives the funds awarded. The proposed research must be submitted to the sponsoring institution's Institutional Review Board (IRB) at the time the application is submitted to AFSP. IRB application and approval documentation must match the title of the grant application submitted. If an award is made by AFSP, no funds will be released until proof of IRB approval is received and subsequent payments require that IRB approval remain current. Investigators should describe assurances regarding the risks to human and animal subjects and the adequacy of protection against possible risk. Include available information regarding the project's data and safety monitoring plan as it relates to human participants and animals. Please include risks, adequacy of protection against risks, safety monitoring, potential benefits of proposed research, and the importance of knowledge gained.

Please complete the AFSP Certification of Human and Animal Protection Form at the top of the application in Word format, to be signed by IRB administrator. Acceptable upload formats are .doc, .docx, & .pdf.

Upload Signed Certification of Human and Animal Protection

Describe assurances regarding the risks to human and animal subjects and the adequacy of protection against possible risk. Limit 500 words.
This field is required

Research Grant Timeline

Complete the timeline form to denote key project activities. Include each major project activity in the table below and indicate progress with an "x" in the months provided. For subject recruitment, indicate expected number of subjects recruited in each month.

Please download and complete the template located at the top of this application. Then upload below.

Upload Timeline

Do you plan to submit a data sharing plan? If yes, please describe your plan in the textbox below. Refer to https://data-archive.nimh.nih.gov/rdocdb/plan for more information

Please describe your data sharing plan (if applicable).

Study Topic Area

AFSP works with NIMH to provide the suicide research community with information on funded grants that are linked to specific topic areas. Please select a focus area below to best describe your and sub-area for your study.

Which ONE of the following 5 Key Questions best describes the primary aims of your study? Also identify if the study will provide data that addresses one of the research objectives associated with the Key Question chosen.

Please select ONLY ONE of the 5 questions below.

Which one of the following 5 Key Questions best describes the primary aims of this study? While your study may investigate more than one, please select ONLY ONE that is primary.

Now please indicate below which ONE sub-area best represents the primary focus of your study by selecting from the dropdown. (Dropdown for your area will appear once you answer the question above.)

Lay Summary for Use Upon Award

Please provide a lay summary of your study, suitable for an interested but NOT scientific audience. This would be shared with the public IF you are awarded. PLEASE LIMIT TO 75 WORDS. Thank you

References

Included references cited in or related to your application to AFSP.
This field is required

Appendices

Appendices should be limited to copies of unpublished instruments, manuals or other materials directly related to the proposed research. Do not include copies of previous publications. Combine all applicable appendices into a single file prior to uploading. Uploading more than one file will overwrite your previous upload for this section. Acceptable upload formats are .doc, .docx, and .pdf.

Upload Appendices

I certify that I have read and understand the AFSP policies relating to my specific application mechanism (Policies can be found at www.afsp.org/grantcategories). Further, I confirm that all of the information entered into the above application including all attachments provided therein is true, accurate, and complete.

For Reapplicants, please upload copy of previous reviewers' Feedback Letter

Press SAVE for drafts. Press MARK COMPLETE to check all required fields are complete, and to advance to the SUBMIT page. Please wait for that, as you will THEN acquire access to the SEPARATE submission page. Only then can you press submit. If you do NOT get access to this page, it means some field or upload is not complete and you cannot submit until that is resolved. Your application will not be received and reviewed unless you press Submit on the Submission page.

Linked Profile

Record Label
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