

AMA Section of Pediatrics Section Grant

Overview, application details and application form

Grant overview

Goal of the grants

These grants are meant to enable projects that improve the health and wellbeing of the pediatric population of Alberta. The size of the funding may support projects that could be used to leverage larger funding opportunities. We will prioritize early career physicians and residents who are looking for seed money to begin their research career. For information on previous grants awarded, please visit our website, www.albertadoctors.org/leaders-partners/leaders/sections/section-members/pediatrics/grants.

Topics may include:

Research into childhood disease, advocacy and/or quality improvement. Focus must be on pediatric patients from birth to age 18 (inclusive of transition to adult care).

Who can apply?

You must be both an AMA member and a member of the AMA Section of Pediatrics. To check your membership and section status, please connect with:

- Jennifer McCombe, Membership and Benefits Team Lead, 800-272-9680
- Georgina Welch, Membership and Benefits Administrator, 866-714-5724 ext. 3309

Grants from successful applicants (including co-investigators and PIs) from the previous year will not be accepted.

Residents may apply along with a pediatrician who can receive the funding at their academic institution.

Funding

Total funds to distribute = \$30,000.00. Maximum funding per project = \$10,000.00.

Application ranking

The monetary rewards will be determined by:

- The number of requests
- The requirement of the individual projects
- The quality of the proposal
- The scope of the proposed work (applications with impact provincially and/or with the potential for scale and spread will be ranked higher)
- Resident grants will receive extra points during the review process.

Requirements

Successful applicants will present their work at the AGM of the Section the following year and then provide a project summary and budget explaining fund use at the conclusion of the funding (up to two years after the funds are awarded). The expectation is that the project would be completed within 2 years of the grant money being distributed, however, an extension may be applied for.

Application form, submission and deadline

- Form: Link to a fillable PDF application form
- Submission: Email completed application to AMA Section Services, Section.Services@albertadoctors.org

Principal applicant's name/ AMA membership no.:	
Amount requested:	\$

- Deadline: Midnight (MDT) April 1 of each year

Principal applicant details:	
Surname:	Given name:
Work address, postal code:	
Email address:	
Role:	
Project title:	
Primary location where research will be conducted:	
Health care facility:	
University:	
City:	
Institution that will administer the funds:	
Institution name:	
Mailing address, postal code:	
Administrative officer name:	
AO email:	
Amount requested:	\$
Signatures:	
It is agreed that the principal applicant and co-applicants will adhere to their Institutional policies relating to the management and disbursement of the grant funds.	
Department head	
Surname, first name:	
Work address:	
Email:	
Signature:	
AHS facility -	
Facility name:	

Principal applicant's name/ AMA membership no.:	
Amount requested:	\$

Facility mailing address, postal code	
<i>Co-applicant details</i>	
Note: It is agreed that the general conditions governing grants and awards apply to any grant made pursuant to this application and are hereby accepted by the applicant(s).	
Co-applicant #1	
Surname, first name:	
Role:	
Institution name:	
Department:	
Faculty:	
Date:	
Signature:	
Co-applicant #2	
Surname, first name:	
Role:	
Institution name:	
Department:	
Faculty:	
Date:	
Signature:	
Co-applicant #3	
Surname, first name:	
Role:	
Institution name:	
Department:	

Principal applicant's name/ AMA membership no.:	
Amount requested:	\$

Faculty:	
Date:	
Signature:	
Co-applicant #4	
Surname, first name:	
Role:	
Institution name:	
Department:	
Faculty:	
Date:	
Signature:	
Co-applicant #5	
Surname, first name:	
Role:	
Institution name:	
Department:	
Faculty:	
Date:	
Signature:	
Co-applicant #6	
Surname, first name:	
Role:	
Institution name:	
Department:	
Faculty:	

Principal applicant's name/ AMA membership no.:	
Amount requested:	\$

Date:	
Signature:	
Co-applicant #7	
Surname, first name:	
Role:	
Institution name:	
Department:	
Faculty:	
Date:	
Signature:	
Co-applicant #8	
Surname, first name:	
Role:	
Institution name:	
Department:	
Faculty:	
Date:	
Signature:	

Principal applicant's name/ AMA membership no.:	
Amount requested:	\$

Select a theme:			
<input type="checkbox"/> Clinical research	<input type="checkbox"/> Child health advocacy/education	<input type="checkbox"/> Basic research	
Select what the project involves: include a copy of your institutional ethics committee approval letter.			
<input type="checkbox"/> Human subject	<input type="checkbox"/> Medical chart review		
Select the scope of your project:			
<input type="checkbox"/> Provincial	<input type="checkbox"/> Regional	<input type="checkbox"/> City	<input type="checkbox"/> Local clinic

Principal applicant's name/ AMA membership no.:	
Amount requested:	\$

Summary of grant proposal

- Summarize the objective(s), hypotheses and research plan.
- *Use Times New Roman font, 12 pt, single spaced with no condensed type or spacing.*

No additional pages may be added.

Principal applicant's name/ AMA membership no.:	
Amount requested:	\$

Grant proposal

- Provide a clear, concise description of your grant proposal. A maximum of 4 pages may be added to this page. Page limits do not include references, charts, consent forms, questionnaires or figures.
- The introduction is expected to accurately portray the literature and how your research will improve upon this. Detailed descriptions of methods, analysis and statistics should be included in the body of the proposal. We expect to find the highest integrity in your grant writing, any deviations from this standard will result in your grant being rejected.

Use Times New Roman font, 12 pt, single spaced with no condensed type or spacing.

Principal applicant's name/ AMA membership no.:	
Amount requested:	\$

Budget

Include a detailed list of your expenses for the year. Limit for conference attendance is \$500 and publication costs \$750. Given the modest size of this grant, indirect costs of research (ICR) are not an allowable expense in the competition.

Category	Description	Total
Personnel		\$
		\$
		\$
		\$
Expendables		\$
		\$
		\$
		\$
		\$
Equipment		\$
		\$
		\$
		\$
Other		\$
		\$
		\$
		\$
		\$
		\$

Principal applicant's name/ AMA membership no.:	
Amount requested:	\$

Details of financial assistance requested

- Provide a full justification for all budget items relative to the grant proposal.
- Detail why funding cannot be obtained from other sources (AHS, University, etc.), particularly if this is a clinical project (please provide documentation for this).

Funding will not be provided as a stipend or honorarium to the investigators listed on the grant.