

2010--2011 Instructions, Program Description & Application**Award Period: July 1, 2010 – June 30, 2011****Required Materials:**

1. Applicant's signed cover letter describing previous training and experience and how the proposed activities relate to the applicant's projected career.
2. Completed, typewritten application form signed by the applicant and authorized institutional representative from your grants or finance office.
3. Research Proposal: Include project title, applicant's name, research site, introduction, specific aims, work done by others, work done by applicant, methods of procedure, significance, and relevant bibliography. This should not exceed four pages, including diagrams, illustrations, bibliography and any other supplemental materials. The font used should be Arial with a minimum 11 point type size.
4. Applicant's Curriculum Vitae.
5. Signed Letter of Support from a research sponsor detailing the applicant's career development plan, providing a description of the research environment and available research facilities to be provided for the proposed project, and providing an analysis of the clinical and research training of the candidate.
6. Research sponsor's NIH-format biosketch. (A sample NIH-format biosketch may be downloaded at: <http://grants.nih.gov/grants/funding/phs398/biosketchsample.doc>)
7. Signed Letter of Recommendation from the department chair or division director of the academic or medical institution located in New York City, Long Island, or Westchester County where the research will take place, describing the facilities and faculty resources available for career development and explaining how the proposed research will prepare the applicant for an academic career. It should also confirm the full-time nature of the research commitment (at least 80 percent effort), the level of institutional support for the proposed research and certify that the applicant meets all the eligibility requirements.
8. Documentation of IRB or IACUC protocol approval or submission (*if applicable*) or waiver. The complete protocol is not required, only the appropriate approval or submission cover page. Approvals for pending protocols must be in place by the start of the grant. In the case of animal research, include a copy of the institution's current HHS Animal Welfare Assurance approval or renewal letter, or a letter from the institution's research administration office affirming that the animal facility complies with all federal standards and has been so certified.

SUBMISSION – The required items requested above should be submitted (*in the order in which they are listed*) in both the following forms:

- 1 - Email of the combined required materials (including signatures on all requested letters and documents) as a single PDF document to glorney-raisbeck@nyam.org.
- 2 - Mail eight (8) hard copies of the complete application materials (including one original) to the above address. .

- Both versions must be received by the deadline. -

Please note that applications must contain all required materials or they will not be considered.

APPLICATION DEADLINE: FEBRUARY 2, 2010

Additional copies of the application and instructions are available for download at:

<http://www.nyam.org/grants/glorneyraisbeck.shtml>

THE GLORNEY-RAISBECK FELLOWSHIPS IN CARDIOVASCULAR DISEASES

PROGRAM DESCRIPTION

The New York Academy of Medicine's Glorney-Raisbeck Fellowships in Cardiovascular Diseases are one-year grants funded by the Corlette Glorney Foundation that are awarded in support of research projects seeking better understanding of the causes, prevention and treatment of cardiovascular disease and that will advance the academic careers of young physician investigators.

AWARDS AND USE OF FUNDS

Up to three one-year grants of \$60,000 each are available annually for research commencing July 1 of the award year. Fellows are required to commit at least eighty percent of effort to the funded project, and at least \$40,000 of the grant must be dedicated to support the awardee's salary. The remainder of the award may be used for fringe benefits and indirect costs, with indirect costs not to exceed fifteen percent. Awards are paid directly to the sponsoring institution. Laboratory and clinical expenses are not funded by this program.

ELIGIBILITY

Candidates must hold an MD or equivalent degree, and are expected to have completed residency by the start of the grant period. The applicant pool includes physicians in clinical training (for the duration of the fellowship) throughout the United States, but in order to be considered for this program candidates must pursue the funded research in a supervised program at an institution located in New York City, Long Island, or Westchester County. Candidates must be United States citizens or permanent residents or have (at the time of application) a valid working visa that can be renewed (if required) through the period of the award. Candidates on a working visa who receive the award should note that if their visa is not renewed at any point during the grant period, the award will be revoked and all funds required to be refunded to the grantor. Renewal of awards to previous recipients will be considered on a competitive basis.

SELECTION PROCEDURE

The Glorney-Raisbeck Selection Committee of The New York Academy of Medicine reviews all applications and supporting materials and recommends award recipients for ratification by the Trustees of the Academy. *A personal interview may be required.* Candidates are normally advised of their status by mid-spring of the award year.

NON DISCRIMINATION

It is the policy of The New York Academy of Medicine, in compliance with all federal, state and local laws, rules and regulations, to provide equal opportunities in employment for all employees and applicants without regard to race, color, sex, sexual orientation, pregnancy, marital status, age, national origin, religion, disability, or status as a Vietnam-era or special disabled veteran. This policy is applied to the selection of Research Fellows.

HUMAN SUBJECTS, ANIMALS, AND RECOMBINANT DNA

If the proposed research involves humans as research subjects, the use of warm-blooded animals, or experiments involving recombinant DNA techniques, the investigator must comply with current guidelines of the United States Department of Health and Human Services concerning such matters. If applicable, evidence of compliance as well as an approved protocol from the appropriate review board, such as the sponsoring institution's IRB or IACUC, must accompany the completed application. Research proposals for which protocols have been submitted and are pending approval will be provisionally accepted, but if the grant is awarded all required approvals must be in place by the start date.

REPORTING REQUIREMENTS

Grant recipients are required to submit progress and financial reports to the Academy at the mid-point and end of the grant period. Failure to comply with reporting requirements may result in termination of the grant and refund of any award monies paid, and may negatively affect consideration of future applications from the grantee's institution.

PUBLICATIONS

Any publication resulting from work supported by this grant must acknowledge the assistance received from the Glorney-Raisbeck Fellowship in Cardiovascular Diseases of The New York Academy of Medicine. Reprints of publications must be submitted to the Academy.

FALSIFICATION OF SCIENTIFIC DATA AND PLAGIARISM

It is the intent of The New York Academy of Medicine that research carried out by its staff or by investigators whose research is funded by the Academy directly, or as agent for any funding source, be consistent with the highest standards of integrity and ethical behavior. If an institution determines that falsification of scientific data and/or plagiarism has taken place concerning or related to work The New York Academy of Medicine has supported, the Academy must be notified immediately.

MALPRACTICE LIABILITY

The New York Academy of Medicine is not responsible for malpractice or claims of malpractice arising out of, or resulting from, the performance of the investigations carried out under this Fellowship. The Academy will not provide reimbursement for the cost of malpractice insurance.

PATENTS

Patent rights to any inventions resulting from research supported by this Fellowship will be divided among The New York Academy of Medicine, the institution where the original research was conducted, and the investigator. Patent applications must be submitted to The New York Academy of Medicine. The complete patent policy of The New York Academy of Medicine will be provided to all awardees, and is available to applicants on request.

PROJECT TERMINATION AND CHANGE OF INSTITUTION

Terms for discontinuance of a project and policies regarding changes in an investigator's institutional affiliation are subject to the approval of The New York Academy of Medicine. Unexpended funds in terminated projects will revert to The New York Academy of Medicine.

For questions about the program, application, instructions, or required materials please contact:

**Glorney-Raisbeck Fellowship Program
Office of Medical and Academic Affairs
The New York Academy of Medicine
1216 Fifth Avenue
New York, NY 10029-5202
Tel: 212-822-7204 • Fax: 212-822-7338
E-mail: glorney-raisbeck@nyam.org**



The Glorney-Raisbeck Fellowships in Cardiovascular Diseases
2009-2010 Program Application
Award Period: July 1, 2010 – June 30, 2011
See application instructions for a full list of required materials.

Application Deadline: February 2, 2010

Please use the shaded areas of this form to provide the required information. Use your mouse or the "tab" and "arrow" keys (not "enter") to move between fields.

1) Applicant Name:

Form with four columns: (First Name), (M.I.), (Last Name), Degree(s)

2) Present Affiliation:

Form with fields: Title, Department/Division, Institution, Mailing Address, Room, Floor, Suite, City, State, Zip, phone, fax, e-mail

3) Proposed Research Site (if different from applicant information above):

Form with fields: Title, Department/Division, Institution, Mailing Address, Room, Floor, Suite, City, State, Zip, phone, fax, e-mail

4) Research Project Title:

Large empty text box for Research Project Title

5) Research Sponsor:

Form with four columns: (First Name), (M.I.), (Last Name), Degree(s) and fields: Title, Department/Division, Institution, Mailing Address, Room, Floor, Suite, City, State, Zip, phone, fax, e-mail

9) Research and Professional Experience. Starting with most recent appointment, list employment and experience. Include internships, residencies, fellowships, etc. Applicant's current curriculum vitae must also be submitted with this application.

Name/Location	Occupation/Title	Supervisor	Dates (mo/yr to mo/yr)	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	

10) List any professional and academic honors that you have received starting with the most recent. Include membership in any professional societies and associations. If more space is required, attach a separate appendix and note accordingly.

11) If you submitted a doctoral dissertation, provide the title and a brief description.

12) Provide a brief summary of the research you did as a postdoctoral appointee.

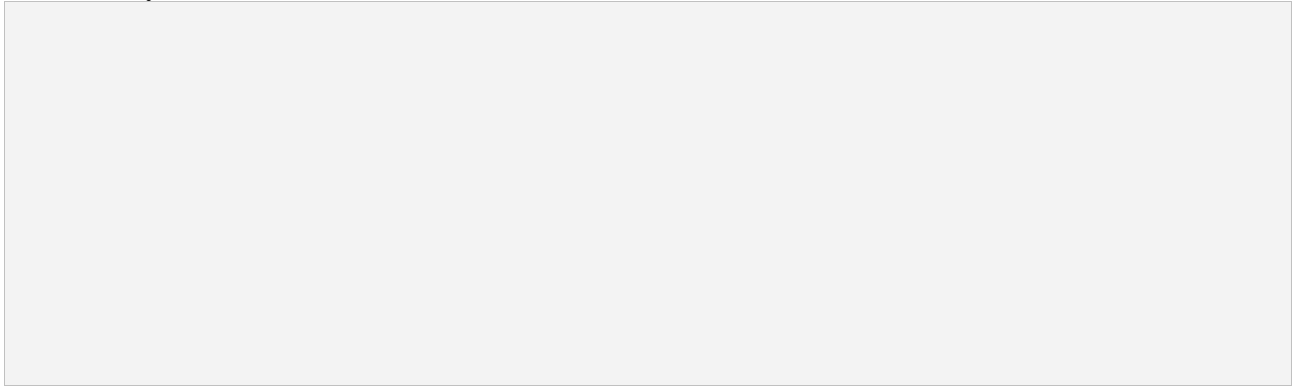
13) Provide a complete bibliography of publications, starting with the most recently published. If more space is required, attach a separate appendix and note accordingly.

14) Projected Activities During Award Period. Indicate the average number of hours per week for each activity listed. Award recipients are required to commit no less than eighty percent of their time to the supported research. *Applicants are strongly cautioned to provide reasonable estimates of the total number of hours worked per week.*

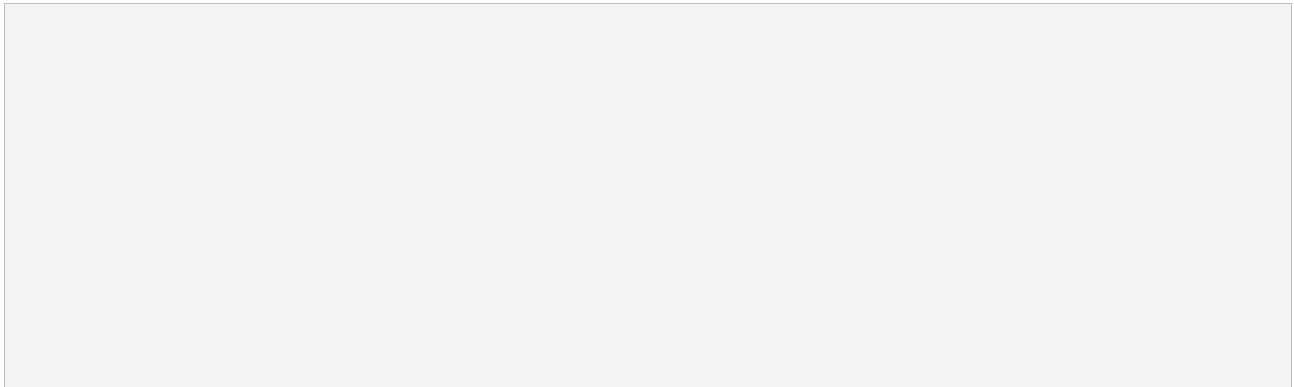
Research (this project):		hours per week
Research (other projects):		hours per week
Patient care:		hours per week
Administration:		hours per week
Other (specify):		hours per week
Total:		hours per week

15) Describe the facilities available for the proposed project at the sponsoring institution. Include explanation of arrangements with other organizations, where applicable.

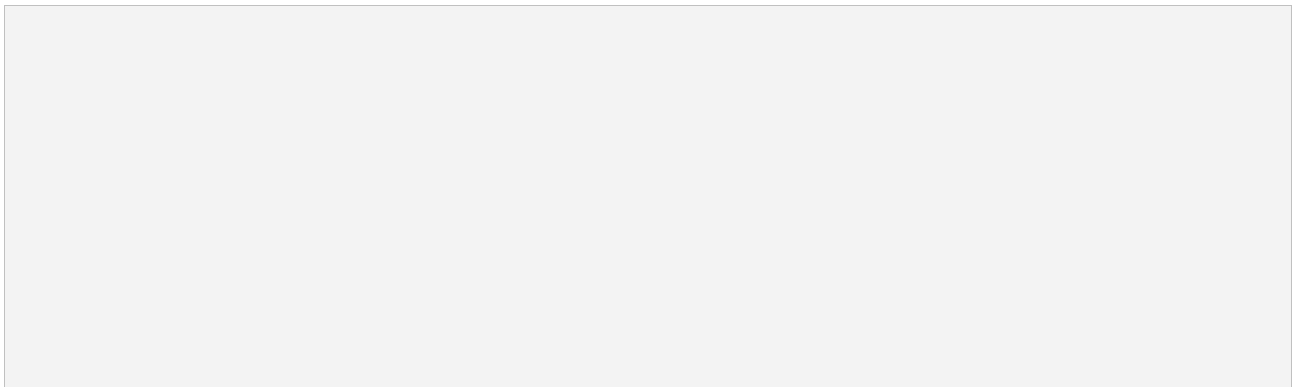
Laboratory



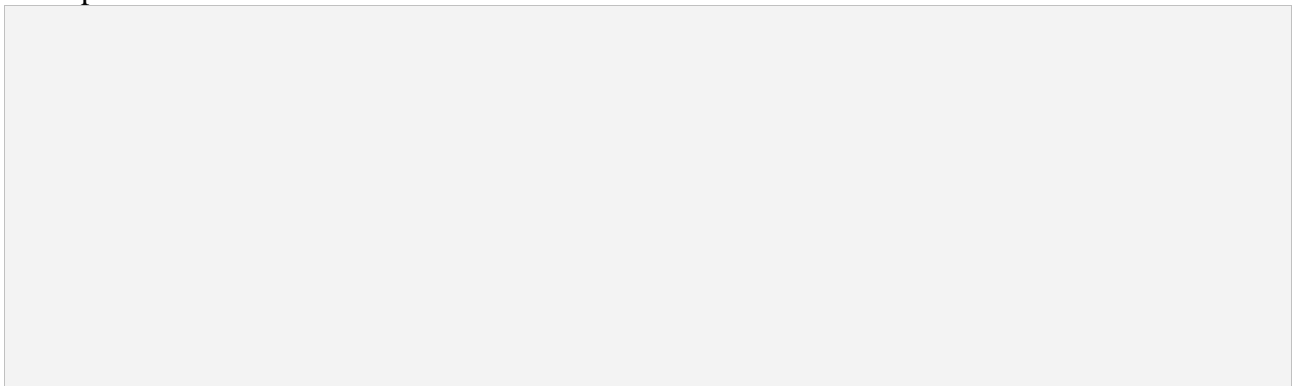
Clinic



Animals

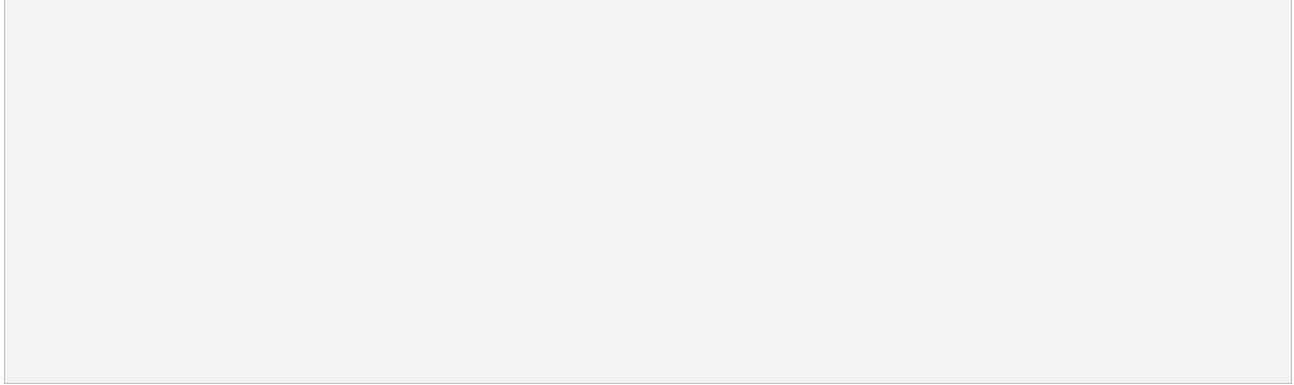


Computers

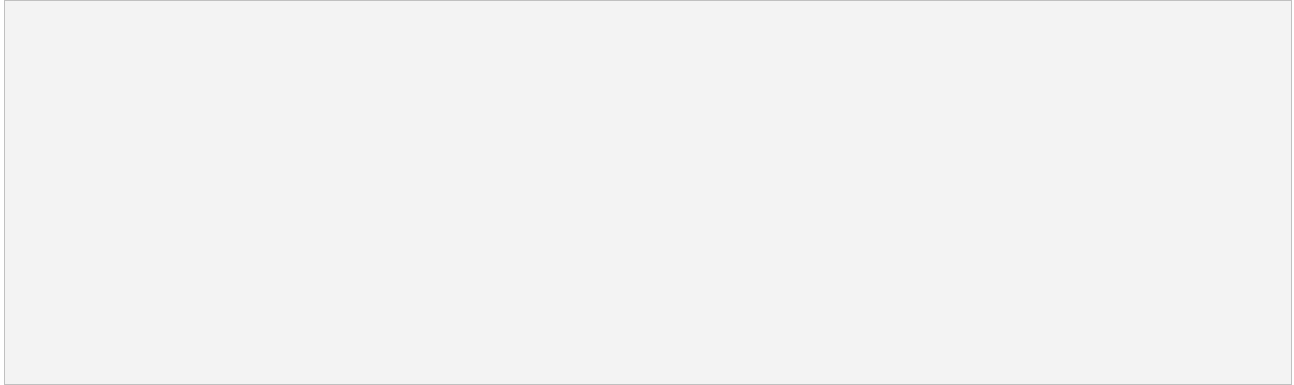


15. Facilities (continued)

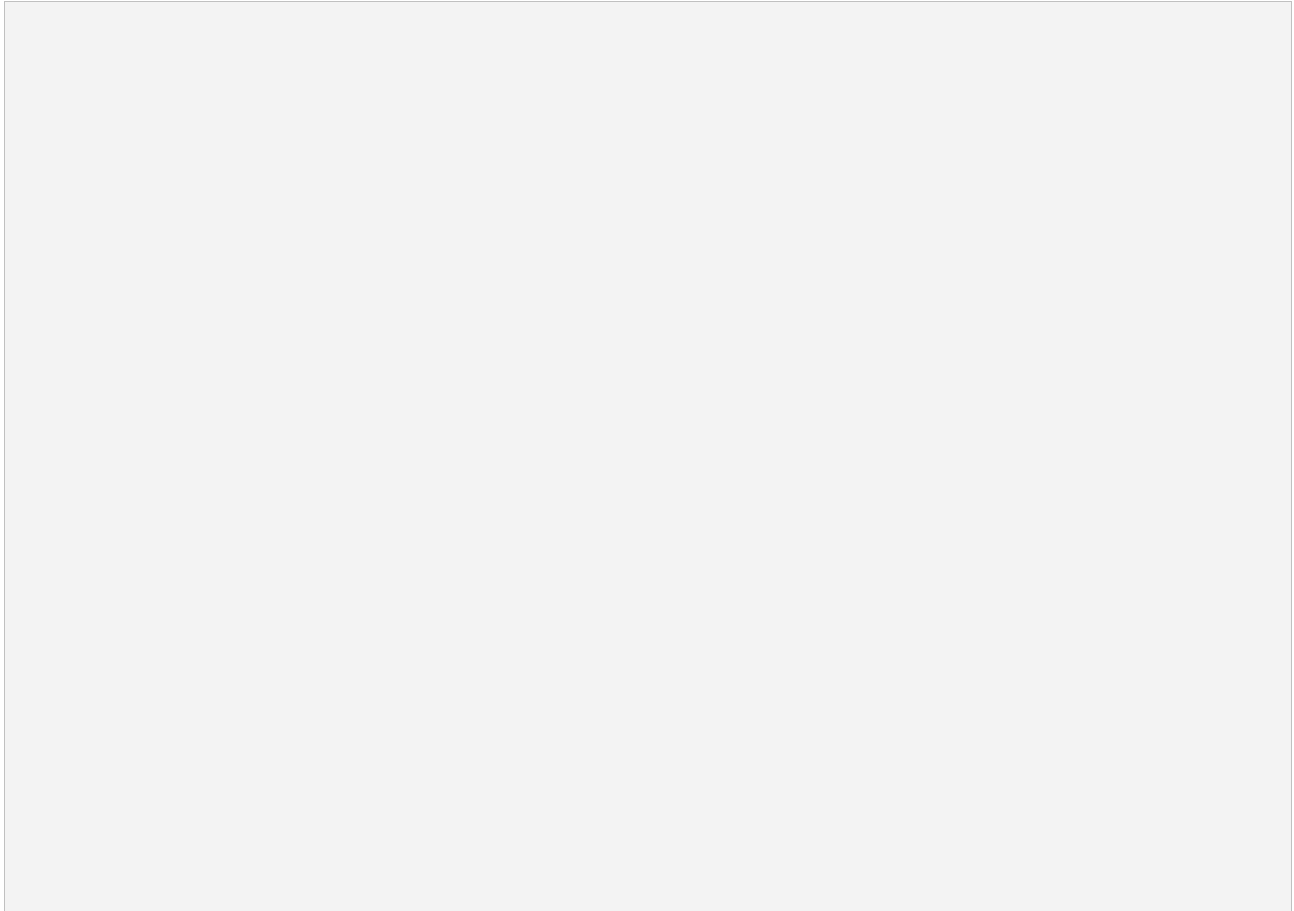
Office



Major Equipment



Other or Additional Information



16) Project Budget: July 1, 2010 – June 30, 2011

Funding Sources:	Glorney-Raisbeck Grant	Institutional Support	NIH (Describe in 16a)	Other (Describe in 16a)	Total Project Costs¹
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Personnel Costs:

Principal Investigator ²					
Laboratory Technicians					
Clinical Assistants					
Other (describe in 16b)					
Fringe Benefits					
Subtotal, Personnel					

Laboratory Costs³:

Equipment					
Supplies					
Animals					
Other (describe in 16b)					
Subtotal, Laboratory					

Clinical Costs³:

Equipment					
Supplies					
Other (describe in 16b)					
Subtotal, Clinical					

Indirect Costs ⁴ :					
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Grand Totals					
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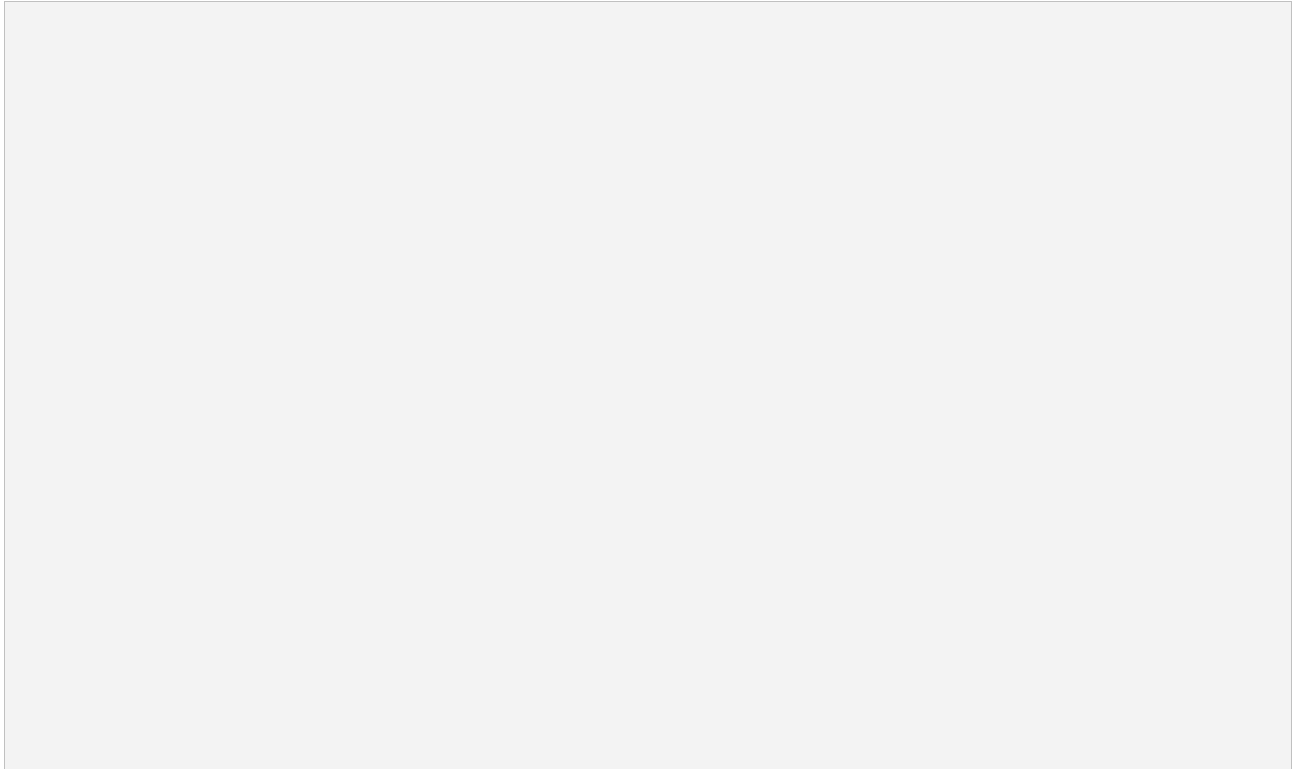
¹ Total of previous columns.

² Award recipients are required to commit no less than eighty percent of their time to the supported research, with a minimum of \$40,000 from this grant (not including fringe benefits) going to support the awardee's salary.

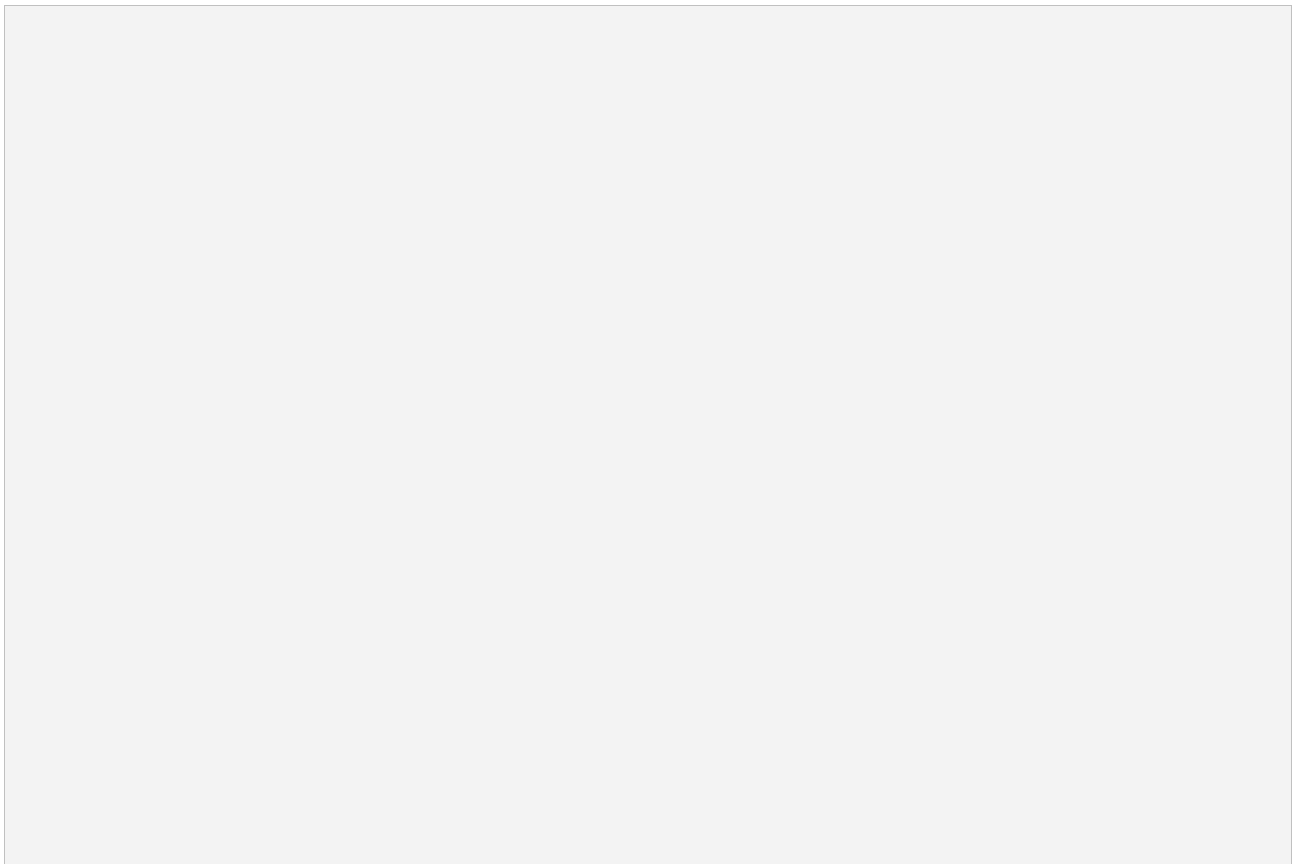
³ Funds from the Glorney Raisbeck Fellowship may not be used for laboratory or clinical costs.

⁴ Indirect costs paid by the Glorney-Raisbeck Fellowship may not exceed 15%.

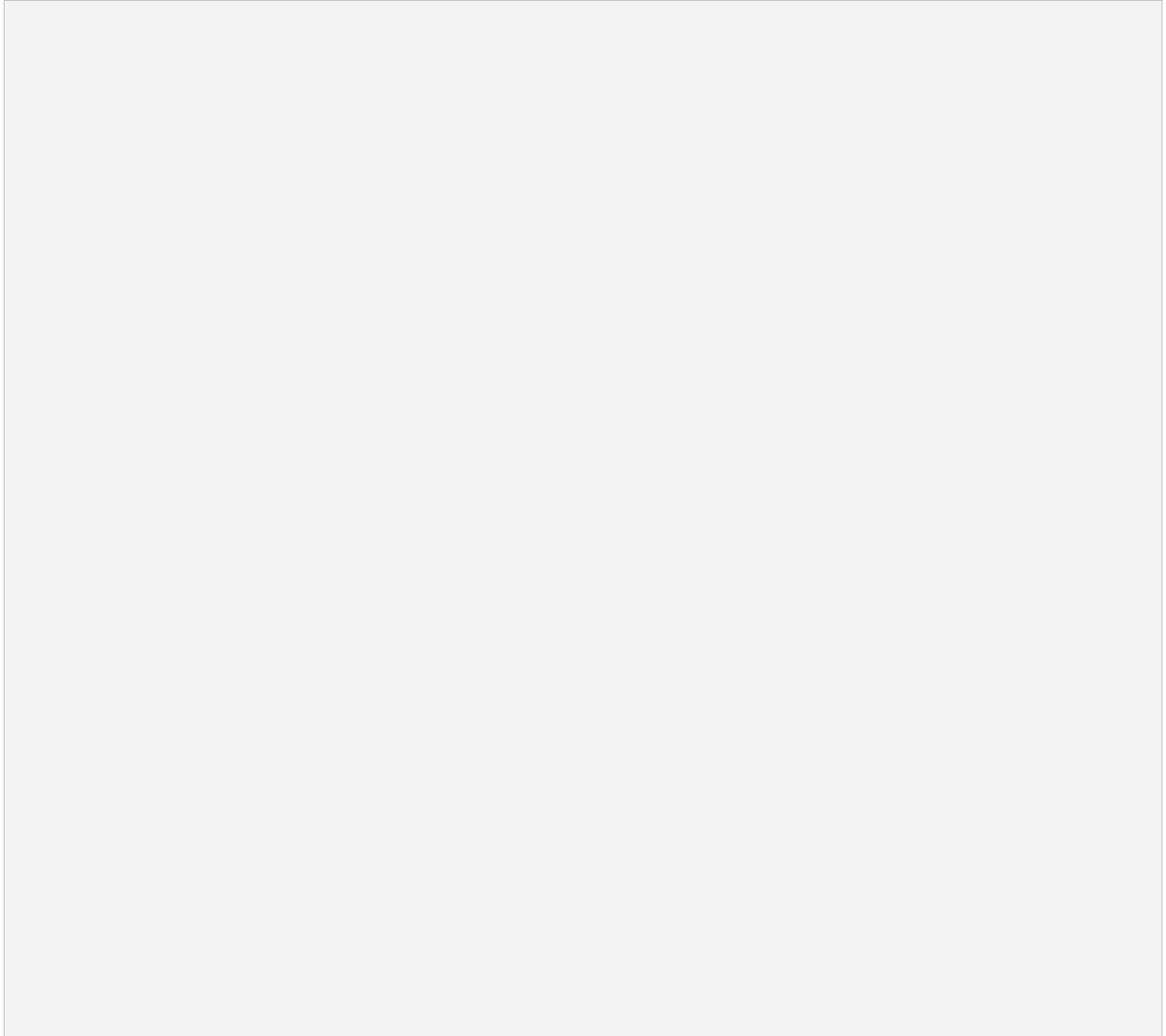
16a) Describe NIH and other funding listed in project budget. Provide grantor, project name, grant number, PI, total amount of grant, and grant period where applicable. If more space is needed, attach as a separate appendix and note accordingly.

A large, empty rectangular box with a light gray background, intended for the applicant to provide details about NIH and other funding listed in the project budget. The box is currently blank.

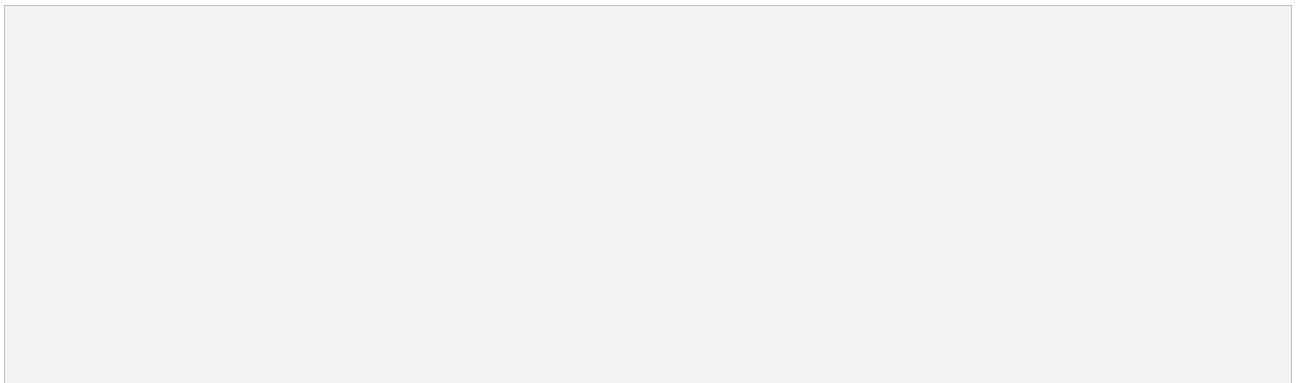
16b) Describe “other” line items specified in budget. If more space is needed, attach as a separate appendix and note accordingly.

A large, empty rectangular box with a light gray background, intended for the applicant to describe other budget line items. The box is currently blank.

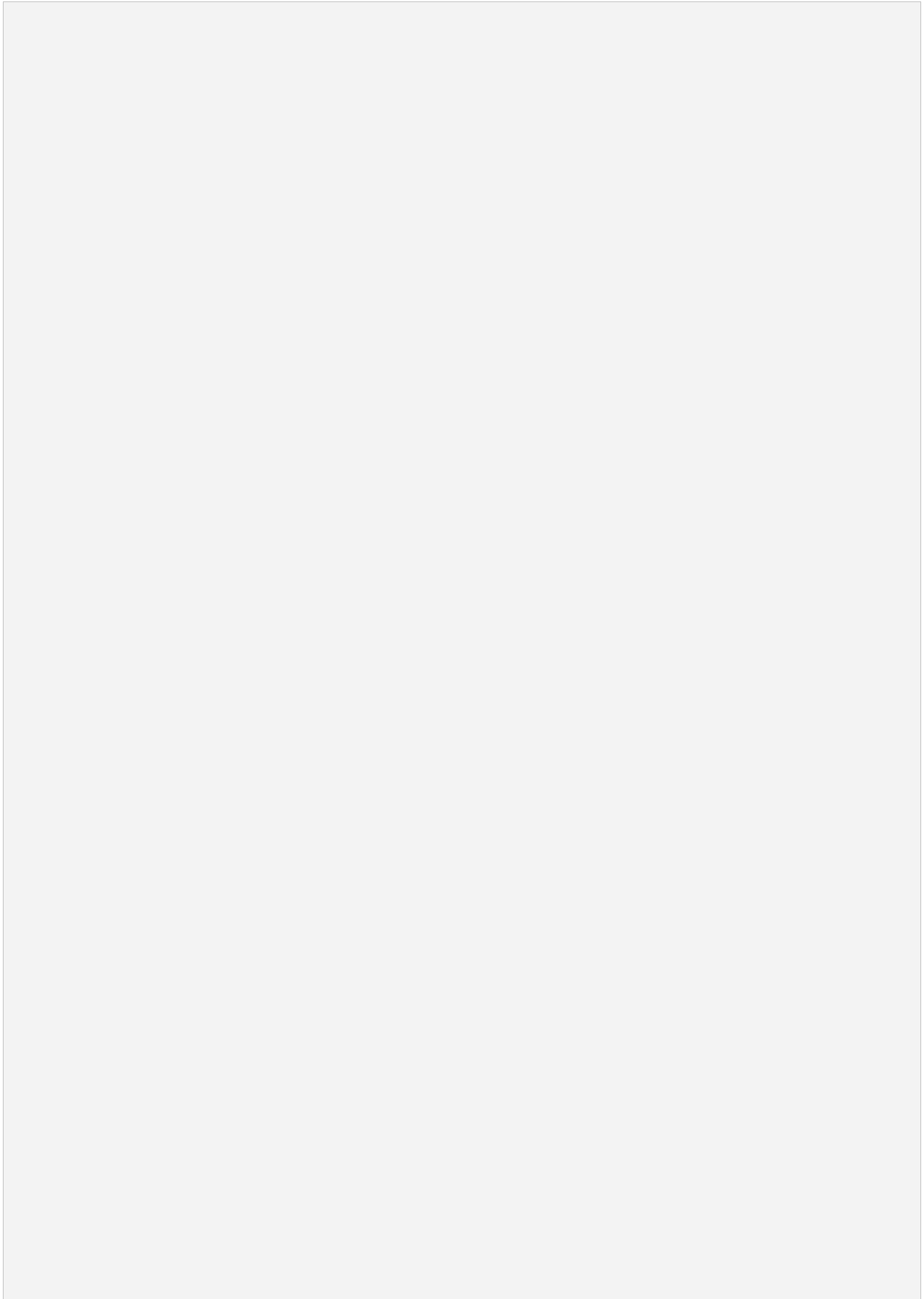
17) Describe all present and past support not noted in program budget, as well as any pending applications. Starting with the most recent support, list grantor, project name, grant number, PI, total amount of grant, grant period and current status. If more space is needed, attach as a separate appendix and note accordingly.



18) Have you previously applied for or received, or are you currently receiving, any other funding through The New York Academy of Medicine? If yes, please provide program name and details. If more space is needed, attach as a separate appendix and note accordingly.



19) Please describe your research career goals.



20) Provide an abstract which describes in lay terms the research you propose and its significance. The long-term objectives and specific aims should be included. Describe concisely the experimental design and methods for achieving the project's goals. *This is in addition to the 4 page research proposal which must be attached separately.*

21) Does your project **require IRB or IACUC approval**? Yes No

If NO, please include the IRB or IACUC Waiver from your institutions Internal Review Board in Section #8 of your application materials.

21a) If you answered YES to question 21, do you currently **have IRB or IACUC approval**?

Yes No

If YES, please include your IRB or IACUC approval in Section #8 of your application materials.

(The complete protocol is not required, only the approval cover page)

21b) If you answered NO to question 21a, have you **submitted for IRB or IACUC approval**?

Yes No

If YES, please include proof of your IRB or IACUC submission in Section #8 of your application materials.

(The complete protocol is not required, only the submission cover page)

21c) If NO, please note by what date you plan to submit for IRB or IACUC approval:

Please Note: Projects without IRB or IACUC approval (or Waiver from your institutions Internal Review Board) at the time of award, will not be funded (or considered awarded) until such documentation is provided.

22) Applicant Signature

I certify that the statements herein are true and complete to the best of my knowledge. If an award is granted as a result of this application I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports.

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Applicant's Signature

Date

23) Authorized Official from your Grants or Finance Office Signing For Institution:

(First Name)	(M.I.)	(Last Name)	Degree(s)
Title:			
Department/Division:			
Institution:			
Mailing Address:			
Room, Floor, Suite:			
City:	State:	Zip:	
phone:	fax:		
e-mail:			

I certify that the statements herein are true and complete to the best of my knowledge.

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Authorized Official's Signature (Grants or Finance Office)

Date