APPLYING FOR A CRUTCHFIELD DERMATOLOGY FOUNDATION GRANT

Please read the application form thoroughly and completely before contacting the Foundation staff with questions. You should find most questions, not specific to your project, will be answered in the Application Instructions.

Eligibility: Crutchfield Dermatology Foundation Grants are awarded to individuals for research or public education projects, not to affiliated organizations for institutional programs. The Foundation welcomes candidates who may or may not be affiliated with an academic, non-profit or for-profit organization. Candidates for grants are not required to hold any graduate or post-graduate academic degrees. The Crutchfield Dermatology Foundation Grants program is domestic in scope.

Send:

- Your completed application (response to questions 1-18) to:

  Crutchfield Dermatology Foundation  
  1185 Town Centre Drive Suite 101  
  Eagan, MN 55123

  - Using the actual application form is not required as long as the format provided is followed. For your convenience, the complete application form may be downloaded from our website.
  - One (1) copy of the application must contain the original signatures of the Principal Investigator and the Official of Affiliated Organization (if applicable). We encourage the use of double-sided copies to reduce paper and postage costs.
  - Fax copies are not accepted.

- One (1) PDF (no larger than 2MB) of your application to GrantApp@crutchfielddermatology.com. Please identify the file with the Principal Investigator’s last name, first name, and the year (i.e. Smith, John 2013).

- One (1) copy and one (1) PDF of each Endorser’s Report are to be forwarded to the Foundation by the endorser.
  - Fax copies are not accepted.

You are responsible to provide via e-mail any changes to your contact information throughout the duration of the review process.
2013 CRUTCHFIELD DERMATOLOGY FOUNDATION GRANT APPLICATION INSTRUCTIONS

INSTRUCTIONS FOR SECTIONS

1. **PROJECT TITLE** – The project title should indicate in the simplest, non-technical terms what the planned project is about.

2. **PRINCIPAL INVESTIGATOR** – The primary individual actually doing the proposed work should be identified as the Principal Investigator (For administrative purposes, please list one name only. Indicate additional investigators under no. 16.) As the Foundation has no education requirements for who may be a Principal Investigator, students conducting research under the supervision of a professor should apply directly. Citizens of all countries are eligible.

3. **ORGANIZATION OF AFFILIATION** – The Crutchfield Dermatology Foundation welcomes candidates who may or may not be affiliated with an academic, non-profit, or for-profit organization. Grants are awarded to individuals for research and educational programs, not to affiliated organizations for institutional programs. If an affiliated organization is indicated in no. 4, a signature of an official is required in no. 8.

4. **AMOUNT OF FUNDING REQUESTED** – Crutchfield Dermatology Grants are awarded in amounts up to $2,000. Grants are not renewable for subsequent years.

5. **DATES OF PROJECT** – It is preferred that project dates be limited to one year (i.e. June 1 – May 31). If, for example, the nature of the project requires two field seasons, one year apart, an extended period for research is appropriate and should be indicated in the application.

6. **ENDORSERS** – Each applicant must select two persons to endorse his or her project/application. An endorser should be someone who knows you and/or your work, similar to a job reference. You should select endorsers who are familiar with your project and can describe its merits. An endorser should not be someone who will be receiving financial gain from the funding of the project or have any other potential conflict of interest.

7. **SIGNATURES** – The signature of the Principal Investigator must appear in no. 8 on page 2. The signature of an appropriate official (e.g. dean, department chair, president, etc.) of the affiliated organization is required, if applicable. One (1) paper copy required for submission of the grant application must include original signatures. Photocopies are not accepted.

8. **CRUTCHFIELD DERMATOLOGY FOUNDATION GRANTS PROGRAM** – Please indicate how you first learned about the Crutchfield Dermatology Grants program. Common responses are: colleagues, computer databases, Crutchfield Dermatology Foundation board members/staff/associates, periodicals, funding directories, previous grant recipients/applications, university office/faculty, web search, etc.

INSTRUCTIONS FOR SECTIONS 9-16 – Responses should be limited to the length allotted for each section. (Please use at least a 12-point font and number sections and pages. There are no requirements for font style or line spacing as long as the print and formatting are legible.)

9. **PROJECT SUMMARY** (2 pages or A, B, C, and D) – These statements must be in non-technical terms and are crucial in the initial review process by staff and final review process by members of the Crutchfield Dermatology Foundation Board of Directors. Projects may be in the beginning, middle, or final stages.

(A) **GLOSSARY**: Define up to 5 key terms that are integral to the application/project. Use simple, non-technical terms in the 1-2 sentence definition.
(B) PURPOSE: State the problem your application/project seeks to resolve and your suggested solution.  
(C) PLAN: Summarize how you plan to proceed (full statement should appear in no.10) and what tangible/measurable results you are anticipating (full statement should appear in no.11). Address how the solution is attainable through your work.  
(D) BENEFITS: Communicate how your project will benefit people. Indicate what lasting impacts your project can make. Describe how your project will make a difference both locally and globally. Quantify, as much as possible, the benefits your work will provide.  
10. METHODOLOGY (1 – 3 pages) – Describe in detail how the project will be conducted; including time frame (see no. 6). You are advised to be thorough but concise in this discussion.  
11. RESULTS/APPLICATION (2 pages) – Detail what tangible/measurable results you are anticipating and how the overall project will be evaluated. State what practical applications your project will offer and outline plans for utilizing the results. You must quantify your results.  
12. BUDGET (1 page): Include a detailed itemization of anticipated costs of your proposed project. (Any item over $200 must be listed individually, including equipment.) Grant funds will be considered for supplies and equipment, fieldwork, reasonable secretarial and technical support, and other items necessary to the successful completion of the proposed work. Funds will be considered for travel only if necessary for and directly related to a specific project. Also, indicate all additional sources of funding (received and anticipated). Disclosing this information will not affect the outcome of the selection process. Changes in the budget following submission of the application must be submitted in writing to the Foundation. Expenses incurred outside your budget may not be reimbursed unless prior authorization is secured. Unexpended funds remaining upon completion of your project must be returned to the Crutchfield Dermatology Foundation.  
13. REVIEW OF LITERATURE (3 pages, including citations) (if applicable): Provide a summary describing the research that is already in place, most recent advances made in your area of work, and how your proposed work will contribute. Originality and innovation are important factors in the review process. Also provide a listing of literature cited.  
14. PERSONNEL (1 summary page, plus CV attachments): On the summary page, include a listing of all personnel working on the proposed project, how they will participate, and the amount of time each person will be spending on the project. Attach an abbreviated (1-2 pages) curriculum vitae and a list of relevant publications for the Principal Investigator and one or two other professional personnel. (See no. 2 for information on who may be a Principal Investigator). For non-U.S. citizens, please indicate country of citizenship, type of visa if U.S., and place of birth.  
15. SUPPORTING MATERIALS (optional): Material in support of your project (articles, letters from collaborators/collaborating institutions, photographs, etc.) may be included as part of your application. The Foundation reserves the right to not limit the supporting materials forwarded to reviewers. These materials cannot be returned.  
16. ENDORSER'S REPORT FORM: Send one (1) copy of your grant application to each of the two endorsers you have indicated on page 2 of the Application, along with a copy of the Endorser's Report Form. Applicants must complete the first section of the form prior to sending it to the endorsers. Upon completing the Endorser's Report Form, the endorser should mail a copy of the completed form directly to the Crutchfield Dermatology Foundation and send one PDF version to GrantApp@crutchfielddermatology.com. Having more than two (2) endorsers will not increase your chances of receiving funding. We recommend that you follow up with your endorsers to ensure reports are promptly submitted.
Crutchfield Dermatology FOUNDATION

2013 ENDORSER'S REPORT FORM

Principal Investigator's Name (Last, First):

Principal Investigator's Phone: (Office)  (Home)

Principal Investigator's E-mail:

Project Title:

Instructions: The Crutchfield Dermatology Foundation requests that endorsers evaluate the attached proposal using this format. YOUR EVALUATION SHOULD FOCUS ON THE PROPOSED PROJECT'S ABILITY TO SOLVE THE PROBLEM AND THE SOLUTION'S ULTIMATE PRACTICAL APPLICATION. Please state your opinion as to the applicant's ability to carry out the proposed work successfully.

- Endorsers must send one (1) copy of the completed Endorser's Report Form or separate letter directly to:

  Crutchfield Dermatology Foundation
  1185 Town Centre Drive Suite 101
  Eagan, MN 55123

- If available, Endorsers should send one (1) copy of their abbreviated CV for selection committee reference.
- A PDF copy of each Endorser's Report labeled with Principal Investigators last name, first name and year followed by the endorser's last name (e.g. Smith, John 2013 Jones) must be sent to GrantApp@crutchfielddermatology.com. The subject line of the e-mail must also contain the Principal Investigator's last name (e.g. Smith, John Endorser's Report).

If applicant or endorser desires delivery verification, arrangements should be made directly with delivery service of your choice. Our intent is that all Endorser's Reports remain confidential.

Evaluation: (comments on back of form or in separate letter is acceptable):

Endorser's Signature:  Date: 
Endorser's Name: 
Address: 
Telephone Number:  Email: 

Endorser's Report Page 1 of 1
1. CATEGORY OF GRANT:
   Primary: ____________________________
   Secondary: _________________________

2. PROJECT TITLE (in non-technical terms):
   __________________________________________

3. PRINCIPAL INVESTIGATOR (One person only. Indicate additional investigators under no. 16):
   Name (last, first): _________________________
   Job Title: ________________________________
   Affiliation: ______________________________
   Preferred Address: _________________________
   ____________________________
   Country: ______________________________
   Telephone: (Office) ______________________
   (Home) ______________________________
   Fax: _________________________________
   E-mail: ______________________________
   Website: ____________________________
   Alternate/Permanent Address:
   ____________________________
   ____________________________
   ____________________________

4. ORGANIZATION OF AFFILIATION DURING PROJECT (if applicable):
   _________________________________________

5. AMOUNT OF FUNDING REQUESTED: (maximum of $2,000) _________________________

6. DATES OF PROJECT (funding begins: __________________ to __________________

2013 Crutchfield Dermatology Foundation Grant Application Page 1 of 2
7. NAME, TITLE, ADDRESS, TELEPHONE AND E-MAIL OF TWO ENDORSERS (see no. 18):

Name: __________________________
Title: __________________________
Address: _________________________

Phone: __________________________
E-mail: __________________________

Name: __________________________
Title: __________________________
Address: _________________________

Phone: __________________________
E-mail: __________________________

8. SIGNATURE OF PRINCIPAL INVESTIGATOR

________________________________________ Date: ________________

SIGNATURE OF OFFICIAL OF AFFILIATED ORGANIZATION (if applicable)

________________________________________ Date: ________________

9. Please indicate how you first learned about the Crutchfield Dermatology Foundation Grants program: ________________________________________________________________

For questions 10-13, please reference Grant Application Instructions for further details. Again, using this actual application form is not required as long as items 10 through 18 are included in the order given.

10. BALANCE STATEMENT (300 words or less)

11. PROJECT SUMMARY

12. METHODOLOGY

13. RESULTS/APPLICATION

14. BUDGET

15. REVIEW OF LITERATURE

16. PERSONNEL

17. SUPPORTING MATERIALS (optional)

18. ENDORSER’S REPORT