**Society of Critical Care Medicine Texas Chapter**

**Research Grant Award Program Instructions to Applicants**

Requests for applications released: September 27, 2024

Application submission deadline: December 27, 2024

Notification of award decision: February 14, 2025

Anticipated start of funding: March 2025

All questions and applications must be submitted to research@sccmtexaschapter.org

**Description**

The SCCM Texas Chapter Research Grant is for clinical research designed to enhance the care and outcomes of critically ill patients.

**Eligibility**

Preference will be given to individuals who at the time of submission meet the following criteria:

1. Current member, and in good standing, of the Society of Critical Care Medicine.
2. Current member, and in good standing, of the Society of Critical Care Medicine Texas Chapter.
3. Completion of professional training (those in residency or fellowship training may apply with a mentor).
4. Completed IRB proposal prepared for submission at current institution, prior to disbursement of funds.
5. Previously funded studies may be considered for extensions of funding but must have met all previously specified goals and deadlines and will not be given preference over new research applications.
6. Previous unfunded studies are eligible for resubmission and consideration up to 2 additional times but no preference will be given over new research applications.

**Expectations**

1. Research will be completed during the 1-year funding period.
2. Awardees are expected to formally present and pursue publication of the outcomes of their work. Society of Critical Care Medicine Congress and Texas Chapter annual business meeting are expected venues for presentations. Awardees should provide *Critical Care Medicine* with the first right to publish the results of the research.
	1. The awardee will be compensated for travel and one hotel night if required to travel for the presentation.
3. Awardees are required to maintain membership in Society of Critical Care Medicine and Society of Critical Care Medicine – Texas Chapter for the duration of the grant.
	1. Discontinuation of membership in either is subject to return of the grant, in full.
4. All investigators accepting the grant will agree to comply with reporting requests and applicable regulations for the protection of human subjects in research.
5. Awardees are expected to acknowledge and disclose the funding in all the presentations and publications supported by the grant. “This study/research was funded by SCCM Texas Chapter Research Grant”.

**Instructions for Completing the Application**

1. All applications must be submitted to research@sccmtexaschapter.org by 11:59 PM Central Time on December 27, 2024. No exceptions will be made.
2. All submitted documents must be formatted for 8.5 X 11 inch paper. Font must be Arial or Times New Roman and no smaller than 11 point font for text or 10 point font for tables and figures.
3. The following items must be included in each application:
	1. Coversheet
	2. Study purpose and specific aims (not to exceed 5 pages) including the following:
		1. Background and significance
		2. Research design and methods including:
			1. Design
			2. Setting
			3. Sample size (including assumptions and justification of sample size and inclusion/exclusions)
			4. Methods
			5. Evaluation plan (statistics)
	3. IRB status (e.g. prepared but not submitted; pending approval; approved)
	4. Proposed timeline (include proposed start and end dates; must be 1 year or less)
	5. Up to date curriculum vitae (CV)
	6. Budget and Justification (not to exceed 2 pages) including the following:
		1. Detailed list of all direct cost anticipated with justification
		2. Note: Only direct costs will be funded. Meeting registrations, travel, publication expenses, salaries, stipends or other indirect costs will not be funded. Durable equipment and electronic purchases (including computers) are not generally covered but request for specialized equipment purchases or leases may be made. Exceptions to the salary limitation may be made for specialty consultative services for the purposes of the research such as funding statistician support.
	7. Supporting Documentation
		1. Statement from department or division head indicating time and resources will be allocated to ensure adequate time to complete proposed research (please feel free to use the template on Appendix A)
		2. Documentation supporting any specialized certification, if applicable
		3. Documentation supporting availability of any specialized equipment or resources, if applicable
		4. For trainees, mentor CV must be included
		5. For trainees, letter of support from mentor indicating a willingness to provide time and support adequate to train and provide guidance with for scientific research (please feel free to use the template on Appendix B)
		6. For resubmitted applications, a summary (not to exceed 2 pages) of changes to the application since the previous application
		7. For requests for extension of funding, a summary (not to exceed 5 pages) of previous finding, why there is a need for extension of funding and justification for any new or additional budget items.
		8. Trainees are defined as any person in a fellowship or residency lasting a defined period of time.

**Distribution of Funds**

1. The award will be given to the institution in the name of the awardee or mentor of the awardee.
2. A W-9 form for the signatory of the institution will be sent to the institution for completion and sent back to the Research Committee Chair.
3. Once the Research Committee Chair, Chapter President, and Treasurer have reviewed the completed W-9 form the funds will be released to the institution.
4. The institution will receive all of the funds at once.
5. The awardee will be required to submit a report to the Research Committee Chair every 6 months detailing the progress of the project and the use of the grant money with a list of expenses until the project is completed.
6. The awardee will be required to submit a final report to the Research Committee Chair detailing the results of the project and the use of the grant money with a list of expenses.
	1. Any unused grant money will be returned to the chapter.

**Society of Critical Care Medicine – Texas Chapter**

**Research Grant**

***Cover Sheet***

**Applicant Demographic Information**

* **First Name:** Click or tap here to enter text.
* **Last Name:** Click or tap here to enter text.
* **Phone Number:** Click or tap here to enter text.
* **Email Address:** Click or tap here to enter text.
* **Applicant Level:** Choose an item.
	+ **If Trainee, Mentor First & Last Name:** Click or tap here to enter text.
* **Highest Degree Earned:** Click or tap here to enter text.
* **Position Title:** Click or tap here to enter text.
* **Institutional Affiliation:** Click or tap here to enter text.
* **Institution Where the Proposed Research Will Occur:** Click or tap here to enter text.

**Institutional Administrative Official (to be contacted if an award is made)**

* **First Name:** Click or tap here to enter text.
* **Last Name:** Click or tap here to enter text.
* **Mailing Address:** Click or tap here to enter text.
* **Telephone:** Click or tap here to enter text.
* **Email Address:** Click or tap here to enter text.

**Overview of Research**

* **Title of the Proposed Research:** Click or tap here to enter text.
* **Other Funding for This Research:** Click or tap here to enter text.
* **Ongoing Research (project title, source, years, and amount funded):** Click or tap here to enter text.
* **Abstract (~200-300 words):** Click or tap here to enter text.
* **Do the Investigators have any Conflict of Interest?:** Choose an item.
	+ **If you have a conflict of interest, describe here:** Click or tap here to enter text.
* **Is this a new application or re-submission?** Choose an item.
* **Is this a request for a funding extension?** Choose an item.

**Society of Critical Care Medicine – Texas Chapter**

**Research Grant**

***Budget and Justification***

Please list all direct expenses, which are covered by the grant

|  |  |  |  |
| --- | --- | --- | --- |
|  | Description of Item | Purpose of Item | Projected Cost ($) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  |  |  |

Do not exceed 2 pages

**Appendix A. Departmental Letter of Support**

Date

Re: Society of Critical Care Medicine (SCCM) Texas Chapter Research Grant Award Program – Application from **applicant name**

To Recipient Name:

I am writing this letter to support the SCCM grant application of **applicant name**. As the **position** I can attest that **applicant name** has the skills and experience needed to successfully carry out the research in the associated grant application. They are an excellent candidate for this this opportunity and, to that end, the **department/institution** is committed to providing all necessary time and resources required to complete the proposed research.

**Provide brief overview of clinical/research experiences and qualifications of applicant and mentor(s) if appropriate.**

**Provide brief description of any specialized resources, time or other support at the applicant’s disposal.**

In summary, I recommend **applicant name** highly and without reservation.

Sincerely,

Your Name

Enclosure

**Appendix B. Mentor Letter of Support**

Date

Re: Society of Critical Care Medicine (SCCM) Texas Chapter Research Grant Award Program – Application from **applicant name**

To Recipient Name:

I am writing this letter to support the SCCM grant application of **applicant name**. I will be serving as the mentor for **applicant name** during this research. I can attest that **applicant name** has the skills and experience needed to successfully carry out the research in the associated grant application. They are an excellent candidate for this this opportunity and, to that end, I am fully committed to providing all necessary support and guidance necessary to complete the proposed research.

**Provide brief overview of clinical/research experiences and qualifications of applicant and of yourself as the mentor.**

In summary, I recommend **applicant name** highly and without reservation.

Sincerely,

Your Name

Enclosure