# ACVIM Resident Research Grant Application (Fall 2024)

**Resident & Mentor Information**

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| --- | --- | --- | --- |
| Resident name |  | Name of Cardiology Diplomate Co-PI (mentor) |  |
| Residency location |  | Mentor phone number |  |
| Residency address |  | Mentor email |  |
| Resident email: |  | Residency start and end dates |  |

**Study Title:**

**Background:** Please describe briefly any background information relevant to the study and indicate to readers why they should be interested in your proposed research project. Include any preliminary data (if applicable) and appropriate references.

**Hypothesis:**

**Aims of the study:**

**Proposed materials and methods:** Briefly describe proposed materials and methods, with a specific discussion of planned statistical tests, intended group size and power calculation (if applicable). Please provide information on current caseload if intending to recruit clinical cases.

**Role of the resident:** Please outline the role and responsibilities of the resident in the proposed research project.

**Ethical Approval:** Please provide status of IACUC approval or final approval and plans for informed consent if using client-owned animals. *Please be aware that IACUC approval is required prior to release of funds for successful applicants.*

**Timeline:** Please give details of the projected timeline for the study.

**Pitfalls:** Anticipated limitations and means to address or circumvent them

**Resubmission Summary**: If previously submitted for ACVIM funding, please outline the changes that were made in response to the previous grant review comments.

**Budget:** Please provide details of the budget with justification for costs clearly stated. Use the provided 1 page budget template to outline costs and justification.

**References:**

**Disposition of previous ACVIM Resident Grant Funding at your Institution:** Please provide details regarding funding from ACVIM-Cardiology for resident grants since 2010, including dates, amount funded, date of project completion and disposition of results (presentations and/or publications)

**Letters of support:** Attach as needed. Be sure black boxes are used to cover identifying information regarding the investigator or institution for the blinded copy review.

**Budget & Budget Justification:** (one-page limit, see application instructions for restrictions)

|  |  |
| --- | --- |
| **Category** | **Total** |
| **Personnel (excludes investigators/residents/grad students)**  **Student Salary:**  **Technical Support Salary:**  **Total Salaries & Wages** | $0  $0  $0 |
| **Supplies, Equipment, Travel, Clinical/Diagnostic & Other Expenses:**         **Total Supplies, Equipment, Travel & Other Expenses** | $0 |
| **Animal Use & Care:**   1. **Animal Purchase** 2. **Animal Per diem**   **Total Animal Care** | $0 |
| **Subtotal of All Categories** | $0 |
| **Supplemental funding if necessary:** | - $0 |
| **Grand Total Requested from ACVIM** | $0 |

**Budget Justification:** justification for any student or technician salary is required. Use this space to explain aggregate totals listed in the table and justification budget item inclusion. Explain any matching funds seen in the supplemental funding category.