2013
2014

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ACADEMY of ARCHITECTURE for HEALTH
FOUNDATION

The Mission of the Academy of Architecture for Health Foundation is to support the Academy of Architecture for Health and to enhance the knowledge and effectiveness of those who create healthcare environments through the funding of critical educational and research activities

REQUEST FOR PROPOSAL APPLICATION

Table of Contents

Section I. Application Cover Sheet

APPLICANT INFORMATION			

RESEARCH TITLE:

PRINCIPAL INVESTIGATOR:

CO-INVESTIGATOR(S)

PRIMARY CONTACT:

COMPANY/ORGANIZATION:

STREET ADDRESS:

CITY:	**STATE:**	**ZIP:**	**COUNTRY:**

TELEPHONE:	**FAX:**

CONTACT EMAIL:

WEBSITE (if applicable):

ABSTRACT (150 words or less):

KEYWORDS (FIVE OR LESS):

FUNDING REQUEST INFORMATION

AMOUNT REQUESTED:	$	
COMMITTED MATCH:	$	
TENTATIVE/ANTICIPATED MATCH:	$	
TOTAL RESEARCH BUDGET	$	

Section II. Application Narrative Outline

Please provide a brief narrative outlining your proposed research that includes the following sections. Add additional pages as needed.

Project Description (50 words or less):

Research Question(s):

Significance of research to the practice of healthcare architecture:

Research Design:

Research Methods:

Desired outcomes and application to the practice of healthcare or the creation of healthcare environments:

Section III. Budget Worksheet

RESEARCH TITLE:				
PRINCIPAL INVESTIGATOR:		TELEPHONE:		
COMPANY/ORGANIZATION:		EMAIL:		
PROJECT PERIOD:		FAX:		

A. SALARIES AND FRINGE BENEFITS (calculate salaries by using either BILL RATE or % of FTE)

FIRST AND LAST NAME	TITLE	TOTAL HOURS OR % FTE	RATE	TOTAL WAGES	TOTAL FRINGE	AAHF FUNDS	OTHER FUND SOURCES
				TOTAL			

B. CONTRACT SERVICES AND SUBCONTRACTORS (if applicable)

ITEM	DESCRIPTION	TOTAL COST	AAHF FUNDS	OTHER FUNDS
	TOTAL			

C. OTHER DIRECT EXPENSES

TRAVEL EXPENSES	DESCRIPTION	TOTAL COST	AAHF FUNDS	OTHER FUNDS
	TOTAL			

D. EQUIPMENT AND SUPPLIES				
ITEM	DESCRIPTION	TOTAL COST	AAHF FUNDS	OTHER FUNDS
TOTAL				

E. OTHER DIRECT PROJECT EXPENSES				
ITEM	DESCRIPTION	TOTAL COST	AAHF FUNDS	OTHER FUNDS
TOTAL				

TOTAL			
TOTAL DIRECT COSTS = A + B + C + D + E			

Section IV-A: Research Timeline SAMPLE

This is a sample of a proposed research timeline. Please use the next page to complete your proposed timeline. (Do not include the Research Time SAMPLE sheet with your application submission)

TASK	ANTICIPATED TASK START AND FINISH (By Month)											
	1	2	3	4	5	6	7	8	9	10	11	12
survey medical staff	X	X	X	X								
compile data					X	X	X					
write report							X	X	X			
present report												X

Section IV-B. Research Timeline

Please provide a list of anticipated research process steps. Provide an estimate indicating which month you intend to begin each task and when you will complete the task.

TASK	ANTICIPATED TASK START AND FINISH (By Month)											
	1	2	3	4	5	6	7	8	9	10	11	12

Section V. Researcher Qualifications

Please provide a brief narrative for lead researchers (100 word max per person).

Name:
Researcher Qualifications:

Name:
Researcher Qualifications:

Name:
Researcher Qualifications:

Additional information as necessary:

Section VI. Bibliography

Please provide a bibliography. Full literature reviews may be used in lieu of the bibliography and are encouraged.

Section VII. Application Requirements Checklist

(Please include the completed Application Requirements Checklist with application materials submission)

X	APPLICATION SECTION	COMMENTS
	Section I. Application Cover Sheet	
	Abstract	
	Section II. Application Narrative Section	
	Application	
	Project Description	
	Problem Statement	
	Research Question	
	Research Methodology	
	Section III. Budget Worksheet	
	Section IV. Research Timeline	
	Section V. Researcher Qualifications	
	Section VI. Bibliography	
	Section VII. Application Requirements Checklist	