



Anesthesia Patient Safety Foundation (APSF)
Acceptance of Conditions of Grant Form
(To Be Completed by Applicant)

Name: _____
Applicant – PLEASE PRINT

- I will acknowledge the award of this APSF grant in any publication presenting work that results from this grant support.
- I agree to submit a written progress report six (6) months after the starting date of this project; this report will include any changes in the research plan, if any approved by the APSF Scientific Evaluation Committee (SEC), and a summary of data collected to date.
- I agree to submit to APSF a written final report within two (2) months after the end of the grant period.
- I will promptly notify the Chair of the APSF SEC of any abstracts, reports, manuscripts, or any other form of published information, e.g., electronic media, book chapters, videos, tapes, etc. that were supported in whole or in part by this APSF grant.
- I will provide the Chair of the APSF SEC with copies of such reports and/or published materials.
- I will return any and all funds that are unused at the end of the study.
- I will agree to present the results or findings of the grant application at one of the national conferences, such as the ASA, AUA, NYPGA or IARS Annual Meetings, if requested by the Chairman of the APSF SEC.

Signature: _____
Applicant

Signature: _____ Date: _____
Department Chair