



## **APSF Investigator Initiated Research (IIR) Grants Submission Form**

Each application must be submitted to APSF electronically via the grants mailbox ([grants@apsf.org](mailto:grants@apsf.org)). **Include this as the first page of the application. Your application WILL BE returned if this is not included.**

Name: \_\_\_\_\_

Title/Academic Rank: \_\_\_\_\_ Credentials/Degree: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Affiliated Hospital: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sponsoring Institution: \_\_\_\_\_

Name of institutional financial officer: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Amount of funding requested: \_\_\_\_\_ (not to exceed \$150,000 for a maximum of 2 years)

Project Start Date: \_\_\_\_\_ (for grants beginning 01/01/2024)

Project End Date: \_\_\_\_\_ (projects may be for up to 2 years in duration)

What is the patient safety problem you will address? (limit of 500 characters including spaces)

How do you think this problem will impact anesthesia patient safety? (limit of 500 characters including spaces)