



APSF Investigator Initiated Research (IIR) Grants Submission Form

Each application must be submitted to APSF electronically via the grants mailbox (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 01/01/2023)

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)