

## ✓ APPLICATION CHECKLIST: Clinical Research Award

All grant submissions must include this completed and signed Application Checklist as the **first page of their research proposal PDF uploaded to the grant system**. Submissions received without a signed and completed Application Checklist will be considered incomplete and will be disqualified. **Check each box to indicate completeness or check the box marked N/A for items not applicable for your submission. All boxes on the checklist must be reviewed and marked accordingly. Please sign this document before submitting.**

### ☑ Eligibility – double check full criteria, listed in eligibility section, prior to applying

You are a current ACG member. Confirm you are an ACG member in good standing prior to applying and you must have an ACG member number. Please note that this is different than applying for membership—all new member applications must be submitted by September 19, 2025.

Your ACG Member ID is \_\_\_\_\_.

You are a nurse practitioner, physician assistant, physician, PhD, or equivalent (e.g., MD, DO, MBBS, PhD) based in the United States, Canada, or internationally.

☐ ☐ <sup>N/A</sup> If you are a physician in training (fellows), a Responsible Investigator, a more senior or experienced investigator at the faculty level in the department of gastroenterology or hepatology, is included in your application, and will provide supervision for this project.

You have included pilot data with this proposal (if you do not have pilot data, consider applying for the Clinical Research Pilot Award category).

Your project involves patient-oriented clinical research in the field of gastroenterology or hepatology.

You are NOT a former or current recipient of R01, P01, U01, VA Merit Awards or Hughes grants (ACG limits the number of ACG research awards given to recipients of these award types).

Your submission does NOT involve animal research.

The science for this award is NOT submitted for another ACG award category.

There will NOT be award overlap: ACG does not provide duplicate funding (if part of a larger study, explain how funds are not duplicated).

### ☑ Completion

You have created an account in the ACG grant system

([gi.org/research-awards](https://gi.org/research-awards))

You have a complete combined PDF, containing all necessary elements in correct order, with this signed Application Checklist as the first page of the PDF uploaded to the grant system.

You have completed all necessary and relevant tasks required as part of the online grant system for this award, including investigator information (membership ID, title, email, role for project, institution, and address of institution); a 350-word abstract of the proposed research; listing research topics; a list of any potential conflicts of interest for investigators; indication of IRB approval status; re-submission status.

### ☑ Format of Submitted PDF

All pages use 11-point font with minimum ½" margins.

The upper right header of each page includes your name, in the following format:

Last name, First Name

Award Type

The upper left header of each page includes the page number.

The numbered sections are listed in the Required Order of Submission section, with bold headers for each required section, and each bolded header section starts on its own page.

### ☑ Required Order of Submission

**1. Application Checklist**—This checklist is complete, signed by PI, and included as the first page of the submitted PDF.

☐ ☐ <sup>N/A</sup> **2. Resubmission Response Letter**—If you are resubmitting this grant proposal, a 2-page (maximum) letter is included that responds to the reviewer's critiques and outlines how you have updated the application. If not applicable, do not include.

☐ ☐ <sup>N/A</sup> **3. Glossary of Terms** (Optional)—The use of abbreviations and acronyms has been eliminated or minimized. A glossary of terms, if needed, has been added to assist reviewers and strengthen the submission.

**4. Research Proposal**—Your research proposal project description is a maximum of 5 pages (excluding references). It includes at least the following sections: Specific Aims, Background/Significance, Pilot Data/Previous Work, and Research Plan.

**5. References**—Include a list of all necessary and relevant references and include citations in the project description.

**6. Description of Research Environment**—Describe the research environment, resources, equipment, and support and access to patients, samples, referrals, knowledge, or any collaborative arrangements which will support successful completion of this project. Limit to 1 page.

**7. Budget** Use the required [budget template](#). By submitting the budget, you verify there will be adequate resources to complete the project.

**8. Budget Justification**—Include a separate budget justification after the budget table. The budget justification should include an explanation for each budget item, including facility fees if funds are requested for this purpose.

**9. IRB Status**—An IRB approval letter or indication that IRB approval is pending is included. Informed consent documents must be provided for projects where patient costs are reimbursed or if the standard of care is not administered. If selected to receive the award, funds will not be released until ACG receives a copy of IRB approval.

**10. Conflict of Interest Statement**—Include a COI statement of how you and/or your institution or practice are managing the conflict of interest or indicate that none exists.

**11. Biosketches**—A biosketch for each investigator (Principal Investigator, Co-investigators, Responsible Investigator [if a fellow-in-training]) is included, all in the NIH format, maximum of 5 pages each. ([grants.nih.gov/grants/forms/biosketch.htm](https://grants.nih.gov/grants/forms/biosketch.htm)).

**12. Other Research Support**—List the title, funding agency, total direct costs, dates, including expected dates of notification of pending applications for all current and pending funding for Principal Investigator, Responsible Investigator (if relevant), and other investigators involved. (Use NIH format: [grants.nih.gov/grants/forms/othersupport.htm](https://grants.nih.gov/grants/forms/othersupport.htm)).

☐ ☐ <sup>N/A</sup> **13. Responsible Investigator Letter**—A single page letter from the Responsible Investigator (only necessary if you are a fellow-in-training) confirms that you have adequate support and time to complete the project.

☐ ☐ <sup>N/A</sup> **14. Letters of Support** (Optional)—Included any optional letters of support that demonstrate involvement and support from additional investigators (example: other research sites providing patients; specialists who will provide specialized training). For Nurse Practitioners/ Physician Assistants—it is recommended to include a letter of support from the Division Chair, direct supervisor, or equivalent position such as the senior partner in private practice setting, outlining protected research time is available for the project.

☐ ☐ <sup>N/A</sup> **15. Appendices** (Optional)—Attach data collection forms. This section does not expand the research proposal.

I certify that I have reviewed the Application Checklist and that all portions of my application are accurate and in the required order and format.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)