

✓ APPLICATION CHECKLIST: Health Equity Research Award

All grant applications must include this completed and signed Application Checklist as the **first page of the research proposal PDF that is 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 an MD or DO based in the United States or Canada.

You hold a faculty appointment as part of a gastroenterology or hepatology department at a university, medical school, or health care institution at the time of application or are an attending physicians who have completed all of their training and are practicing gastroenterology or hepatology in a community practice.

You are NOT a fellow-in-training.

Your research project is a clinical, translational, social science, or health services research study that aims to accelerate the clinical knowledge in managing the unique GI and hepatology healthcare concerns of underrepresented racial/ethnic minorities, women, LGBTQ+ populations, and/or those living with a disability (not derivative of gastrointestinal disease).

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, the budget explains how funds are not duplicated).

☑ Completion

You have created an account in the ACG grant system

(gi.org/research-awards)

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

You have completed all necessary and relevant tasks required as part of the online grant system for this award application, including investigator information (ACG member number, 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 must use 11-point font with minimum ½” margins.

The upper right header of each page must include your name and the award type, in the following format:

Last name, First Name

Award Type

The upper left header of each page must include the page number.

The sections of the PDF are numbered to match the Required Order of Submission as indicated on the checklist, with bold headers for each required section, and the section starts on its own page.

☑ Required Order of Submission

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

☐ **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. Do not include this item if not applicable.

☐ **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 should be a maximum of 5 pages (excluding references). It should include the following sections at a minimum: Specific Aims, Background/Significance, Pilot Data/Previous Work, and Research Plan

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

6. Description of Health Equity Impact—You are required to include up to 1 page describing the impact of the project on health equity.

7. 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.

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

9. 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.

10. IRB Status—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.

11. 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.

12. Biosketches—A biosketch for each investigator (Primary Investigator, Co-investigators) is included, all in the NIH format, maximum of 5 pages each. (grants.nih.gov/grants/forms/biosketch.htm).

13. 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 Primary Investigator, Co-Investigators. (Use NIH format: grants.nih.gov/grants/forms/othersupport.htm.)

☐ **14. Letters of Support**—Include any letters of support that demonstrate involvement and support from additional investigators (for example: other research sites providing patients; specialists who will provide specialized training).

☐ **15. Appendices (Optional)**—use only if needed for data collection forms. Do NOT use to expand project description.

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)