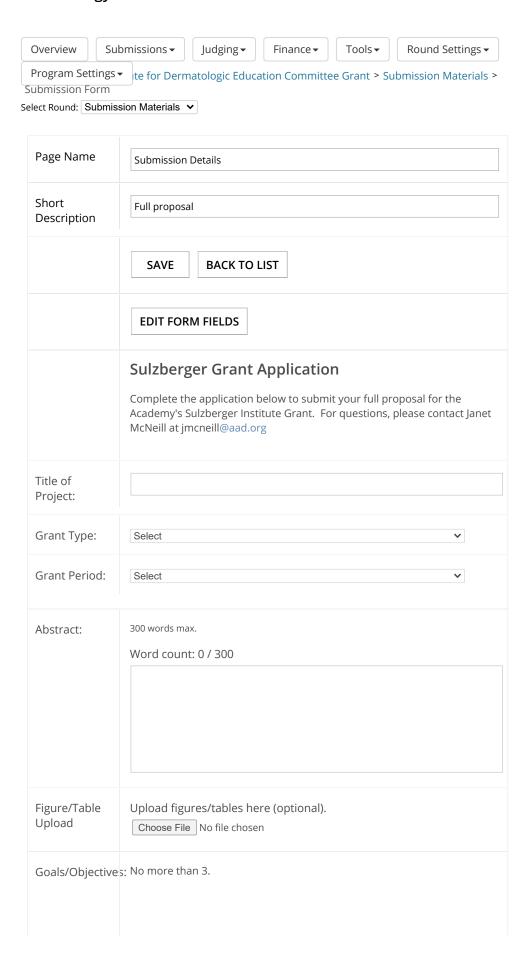
American Academy of Dermatology



Ameri	can Academy of Dermatology - Submission Form
Needs Assessment:	No word limit.
Target Audience:	No word limit.
Content Areas/Curriculur	No word limit. m:
Plan of Action:	No word limit.
Total Funding Requested Year 1:	
Total Funding Requested Year 2:	Optional

American Academy of Dermatology - Submission Form

Budget Form Upload	Please follow this link to download your Grant Application Budget Form. Remember to click "save" on your application prior to accessing the form.
	Once complete, please upload your completed form.
	Choose File No file chosen
Technology/Equ Explanation	ip fhbud get includes technology/equipment funding please use the space below to explain why the institution or university is not supporting these costs.
	No word limit.
Anticipated Outcomes	No word limit.
References:	No word limit.
	Contact Information
Primary Investigator:	Full name

American Academy of Dermatology - Submission Form

Co- Investigator	Full name, if applicable
Co- Investigator	Full name, if applicable
Primary Investigator Institution:	
Primary Investigator Telephone:	
Primary Investigator Email:	
	Documents
Letter of Recommendation	Choose File No file chosen
Curriculum Vitae:	If multiple investigators are applying please submit all CVs as one document. Choose File No file chosen
	Agreements
Attestation Upload:	Please follow this link to download your Attestation Form. Remember to click "save" on your application prior to accessing the Attestation Form. Once complete, please upload your completed and signed form. Choose File No file chosen
	□ I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements/claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

Project Name:		Total Budget	<u>\$ -</u>		
Institution Name:					
Principal Investigator Name:					
Principal Investigator Name:					
		Year 1	Year 2	Tota	٦.
Category	Line Item	2022	2023	100	"
				\$	-
				\$	-
				\$	_
Outsourced Services (i.e., consultants, vendors, etc.)				\$	_
Table 1 and				\$	
				s	_
	Subtotal	\$ -	\$ -	Ś	т

		Year 1	Year 2	Total
Category	Line Item	2022	2023	Iotai
Technology/Equipment				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
	Subtotal	\$ -	\$ -	\$ -
	Subtotal	\$ -	\$ -	\$ -

		Year 1	Year 2	Total
Category	Line Item	2022	2023	iotai
Miscellaneous				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
	Subtotal	\$ -	\$ -	\$ -

Budget Totals		Year 1	Year 2	Total
		2022	2023	TOLAT
Outsourced Services (i.	\$	-	\$ -	\$
Technology/Equipment	\$	-	\$ -	\$ -
Miscellaneous	\$	-	\$ -	\$ -
	\$		\$ -	\$ -

Expense Guidelines								
Item	Allowable	Non-allowable	Note					
Equipment, Office		x	i.e., space rental, furniture, standard technology (computer, phone)					
Equipment, Special Technology	x							
Honoraria		×						
Membership Dues		x						
Travel		x						
Administrative		x						
Salary	x	SEE NOTE	Salary allowed for the Principal Investigator only, not to exceed 5% of total budget.					