



APPLICATION FOR THE  
**2023 LIVER SCHOLAR AWARD**

**APPLICANT NAME:**

**SPONSORING INSTITUTION:**

**PROJECT TITLE:**

# APPLICANT INFORMATION

Applicant Name (last, first, middle initial)

Applicant Degree(s) and date of Degree(s) (MM/YYYY)

Applicant Current Position/Title

Faculty Appointment Start Date

Applicant Telephone

Applicant Email

Sponsoring Institution

Sponsoring Department or Division

Mentor Name (last, first, middle initial)

Mentor Title

Mentor Telephone

Mentor Email

Mentor's Institution (if different from Sponsoring Institution)

Institution's Grants Administrator Name (last, first, middle initial)

Institution's Grants Administrator Address (street, city, state, zip)

Grants Administrator's Phone

Grants Administrator's Email

Institution's Fiscal Officer name, if different (last, first, middle initial)

## REQUIRED SIGNATURES

By signing below, you are certifying that you have read the Application Guidelines and agree to the specific terms of the Liver Scholar Award, that the applicant meets all eligibility criteria (or will attach an exemption document provided by ALF if they are outside the five-year eligibility criteria), that the applicant will devote at least 50% effort to the research project on which this application is based, that the information in this application is accurate to the best of your knowledge, and that you understand that funding for the Liver Scholar Award does not allow for any overhead or indirect costs, capital equipment, and support for the mentor or department/division chair.

Signature of Applicant

Name (Printed)

Date

Signature of Mentor

Name (Printed)

Date

Signature of Department/Division Chair

Name (Printed)

Date

Signature of Grants Administrator

Name (Printed)

Date

## **APPLICANT DEMOGRAPHIC INFORMATION (OPTIONAL)**

### **Gender (optional)**

- Female
- Male
- Non-Binary
- Prefer Not to Answer

### **Ethnicity (optional)**

- Latinx or Hispanic Origin
- Not Latinx or of Hispanic Origin
- Prefer Not to Answer

### **Race (optional)**

- Asian
- Black or African American
- Native American or Alaskan
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races
- Prefer Not to Answer

### **Do you qualify as an individual with disabilities? (optional)**

Individual with disabilities are defined as those with a physical or mental impairment that substantially limits one or more major life activities, as described in the [Americans with Disabilities Act of 1990, as amended](#)?

- Yes
- No
- Prefer Not to Answer

### **Do you qualify as an individual from disadvantaged socio-economic backgrounds? (optional)**

Individuals from disadvantaged backgrounds are defined as those who meet two or more of the criteria listed in NIH's [Notice of NIH's Interest in Diversity \(NOT-OD-20-031\)](#)

- Yes
- No
- Prefer Not to Answer

**LAY SUMMARY**

In the box below, provide a lay summary (non-technical) of your research project for a general audience (2,000 characters maximum, including spaces). Please note: the lay summary may become public if the award is selected for funding, therefore, it should not contain any proprietary information.

**ABSTRACT OF PROPOSED RESEARCH**

In the box below, provide an abstract that summarizes the proposed research project (3,000 characters maximum, including spaces).

**INSTITUTIONAL REVIEW BOARD**

- A. Does the proposed study require Institutional Review Board (IRB) approval? Yes\_\_\_\_ No\_\_\_\_
- B. If the proposed study requires IRB approval, has the documentation verifying approval been obtained and included in the award application. Yes\_\_\_\_ No\_\_\_\_

If the proposed study has been approved, please provide documentation of verification with your application.

If IRB approval is not necessary or not attached, please state why in the box below:

**ANIMAL EXPERIMENTATION**

- A. Does your proposed study involve the care and use of animals? Yes\_\_\_\_ No\_\_\_\_
- B. If the proposed study involves the care and use of animals, does the study adhere to the American Liver Foundation's [Position on the Use and Care of Animals in Research](#) Yes\_\_\_\_ No\_\_\_\_
- C. If the proposed study involves the care and use of animals, has the proposed study been approved by the Institutional Animal Care and Use Committee (IACUC) of the applicant's institution and do they follow the National Institutes of Health (NIH) Guidelines on the care and use of laboratory animals? Yes\_\_\_\_ No\_\_\_\_
- D. If the proposed study requires (IACUC) approval, has the documentation verifying approval been obtained and included in the award application? Yes\_\_\_\_ No\_\_\_\_

If the proposed study involves the care and use of animals, and has been approved by the Institutional Animal Care and Use Committee, please provide documentation of verification with your application.

If approval by the Animal Care and Use Committee of the applicant's institution is not necessary or not attached, please state why in the box below:

# ALF BUDGET TEMPLATE FORM

Principal Investigator:	
Project Title:	
Award Type:	Liver Scholar Award

Enter information only in unshaded cells. Insert new rows as needed. Please follow the Application Guidelines for allowable costs. **A budget narrative justifying costs must be submitted in conjunction with this form.**

## A. Project Personnel, including the Principal Investigator (PI)

Name	Project Role	Percent Effort	Base Salary	Salary Requested	Fringe Benefits	Total
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
<i>Personnel Costs Subtotal</i>				\$	\$	\$

Provide names, roles, percent effort, salary and benefits for project personnel, and describe details in the budget justification. If the PI's salary/fringe isn't fully covered by the award, please detail who will pay the remainder in the budget justification.

## B. Laboratory Supplies, Animals, and Other Materials

Description	Total
	\$
	\$
	\$
	\$
<i>Supplies Subtotal</i>	\$

Provide a brief description and total cost of each item, and describe details in the budget justification.

## C. Small Equipment

Description	Total
	\$
	\$
	\$
	\$
<i>Equipment Subtotal</i>	\$

Provide a brief description of each item, and describe details in the budget justification. Items over \$5,000 are considered capital equipment and are not allowed.

## D. Support costs (e.g., core facility costs, consultant/contractor costs, etc.)

Description	Total
	\$
	\$
	\$
	\$
<i>Support Costs Subtotal</i>	\$

Provide names and roles of project consultants/contractors, and describe details in the budget justification.

## E. Other Expenses

Description	Total
	\$
	\$
	\$
	\$
<i>Other Expenses Subtotal</i>	\$

Provide a brief description and total cost of each item, and describe details in the budget justification.

## F. Travel Expenses

Description	Total
	\$
	\$
	\$
<i>Travel Expenses Subtotal</i>	\$

Provide a brief description and total cost of each trip, and describe details in the budget justification. Travel expenses may not exceed \$1,500 in any fiscal year.

**TOTAL BUDGET: \$**

Add all sub-total values to calculate the total budget. Note: **The total budget cannot exceed the annual award amount.**