



APPLICATION FOR A
2024 LIVER SCHOLAR AWARD

APPLICANT NAME:
(last, first, middle initial)

APPLICANT INSTITUTION:

PROJECT TITLE:

TYPE OF RESEARCH: **Basic Research**

 Translational Research

Protected Research Time
(in %):

Effort spent on this project
(in %):

APPLICANT INFORMATION

Applicant Name (last, first, middle initial)

Applicant Degree(s) (e.g, MD, PhD)

Date of Degree(s) (MM/YYYY)

Applicant Current Position/Title (e.g., Assistant Professor of Medicine)

Faculty Appointment Start Date

Applicant Telephone

Applicant Email

Applicant Institution

Applicant Department or Division

Mentor Name (last, first, middle initial)

Mentor Title

Mentor Telephone

Mentor Email

Mentor's Institution (if different from Applicant Institution)

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 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

If answer is No, skip to "Animal Experimentation" section

B. If the proposed study requires IRB approval, has approval already been obtained? Yes No

C. If the proposed study requires IRB approval, documentation of approval will be required before the start of the award period.

Has documentation of IRB approval been provided in this application? Yes No

If IRB approval is required and documentation is 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

If answer is No, skip to next page

B. If the proposed study involves 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 animals, does the proposed study follow the National Institutes of Health (NIH) Guidelines on the care and use of laboratory animals? Yes No

D. If the proposed study involves animals, has the proposed study been approved by the Institutional Animal Care and Use Committee (IACUC) of the applicant's institution? Yes No

E. If the proposed study requires (IACUC) approval, documentation of approval will be required before the start of the award period.

Has documentation of IACUC approval been provided in this application? Yes No

If IACUC approval is required and documentation is 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.**