

ZOLL Foundation Grants

Sample Application Form The form for the April 31 round gets posted on or around December 1. The form for the September 30 round gets posted on or around June 1. Check back at those times. In the meantime, this sample application is provided. Thank you.

ZOLL Foundation Grant

Welcome

Welcome to the ZOLL Foundation grant application process. Please refer to our application guidelines [HERE](#). Please refrain from using all upper case/capital letters in your application unless absolutely necessary, such as acronyms [e.g., Cardiac Arrest Trial (CAT)] or shortened titles (e.g., MD or DO).

Please continue to use the log-in information you created to enter this application each time you come back, in order to avoid having multiple applications associated with your name. You may email your questions to sschumacher@zollfoundation.org

Application Form

First Name: *

Last Name: *

Title(s) [Include your designation(s) such as MD or PhD]: *

Current Position: *

Institution or Agency Affiliation: *

Address: *

Address - Line 2:

City: *

State (Province)...Optional; only if applicable:

Zip or Country Code *

Country *

Email: *

Telephone: *

Prior or Future Funding for Application

Has the applicant or his/her associates received prior funding from the ZOLL Foundation? Please answer yes or no. *

- Yes
 No

If yes, when and what was the size of the awarded grant? Was the grant for the same, similar or different research to that in this application? Please briefly describe similarities or differences.

Has the applicant or his/her associates submitted this application or portions of this application elsewhere, either in the past or currently? Answer yes or no. *

Yes

No

If yes, please list these applications.

Has the applicant or his/her associates received funding that would support any portion of the scope of work in this application? Answer yes or no. *

Yes

No

If yes, please list these supports including the source and amount. Please also describe how funding from the ZOLL Foundation would support additional effort that would not have been undertaken with the existing funding.

Please note that, if funded, the applicant would commit to notify the Foundation if follow-on funding is received that might support some or all of the scope of work already funded by the Foundation. Please acknowledge by typing "Yes" below. Thank you. *

Planned Use of Grant

Title of Research *

Please provide a description of your research in 125 words or less. This description may be used in official reports, such as those prepared for our Board meetings. Your detailed proposal, which will include a lengthier description, will be attached in the following section. *

Min words required: 0 |

Max Number of Words: 125

YOUR DETAILED PROPOSAL: Please click "Select Files" to submit your detailed proposal as outlined below. Please only attach PDFs. Please use 8 1/2 x 11 paper (or equivalent) with 1-inch margins (or equivalent); font size of 11. Please refrain from use upper case letters unless absolutely necessary (e.g., acronyms or titles). Here are the required components of your proposal, with word counts and page lengths as noted.

Summary of Research Project (250 word limit)

Research Plan (5-page limit, excluding references) that includes:

- Specific aims
- Background and significance
- Preliminary data
- Experimental design and methods
- References

Status of IRB or IACU application or approval.

*

Select File

No file selected

Maximum File Size: 10MB , Accepted file types:

.pdf

No file attached

Please provide the total grant request in U.S. dollars (USD). You will be asked to attach your detailed budget in the next question: *

\$

YOUR BUDGET: Please fill in the budget form found at the link provided. Download the form and once filled in, save it (e.g., SmithBudget03-21-22), then upload a copy of it to attach here as a PDF file. Please make sure that all currency is in U.S. dollars (USD). As a reminder, funds awarded do not cover indirect/institutional overhead costs, publication costs, equipment, and most travel.

<https://www.zollfoundation.org/apply/> *

Select File

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Maximum File Size: 10MB , Accepted file types:

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Please attach your **RESUME/CV**. *

Select File

Choose File

No file selected

Maximum File Size: 10MB , Accepted file types:

.pdf

No file attached

Please disclose any conflict of interest in accordance to your organization's policies: *

Recommendation From Mentor/Experienced Researcher

Name of Mentor/Experienced Researcher: *

Mentor/Experienced Researcher Position: *

Institution or Agency Affiliation: *

Mentor/Experienced Researcher Email: *

Mentor/Experienced Researcher Address: *

Mentor/Experienced Researcher Address - Line 2: *

City *

State (Province) Optional; only if applicable:

Zip or Country Code *

Mentor/Experienced Researcher Country: *

Please upload your Recommendation for Support of Research and Applicant. *

Select File

 No file selected

Maximum File Size: 10MB , Accepted file types:

.pdf

No file attached

Reference Telephone: *

Applicant Signature

I certify I am able to practice, have current licensure and/or certification and am not under any restrictions.

Signature: *

Date: *

(Enter your name)

Clear