The American Association of Immunologists
Funding Confirmation Form

(This form must be completed in its entirety and signed by the Department Chair or Dean.)

See Funding Confirmation Form Instructions for helpful hints on filling in this form.
Please print legibly or type.

AAI Member ID:

Full Name/Degree:
Title:
Email Address:
Mailing Address:

Research Support: Please list all mechanisms of support individually including federal, state or private grants; departmental support; start-up funds; and other support. **Attach a second sheet if needed**. If a grant is under a no-cost extension, specify the amount of funding which remains. For grants on which you are a co-investigator, list only the funds allocated for your use. Please exclude funds dedicated to PI salary for each funding mechanism listed. If you have no funding, please state "none".

Information for each column must be filled out completely for each mechanism of research support in order for your application to be considered.

Grant type/number	Funding organization	Funding period	Role (e.g., PI, co-I)	Direct costs for FY 2017 (in U.S. Dollars)
			Total	

Department Chair/Dean Certification of Applicant's Funding Status

I hereby certify that the applicant is an independent faculty member engaged in full-time research and the information provided on this form is correct and complete.

Print Name of Department Chair/Dean

Signature: _____ Date:

AAI Member Number: (If applicable)

Email Address:
Office Phone Number:

Applications missing complete information on research funding support will not be considered.

The American Association of Immunologists
Funding Confirmation Form Instructions

The Funding Confirmation Form (FCF) is intended to provide AAI with accurate documentation of your research funding portfolio for the indicated fiscal year. This information is used to determine your financial eligibility for several AAI programs. Please review the following instructions before you fill out the FCF to ensure that you provide correct and complete funding information. **Any application submitted with an incomplete FCF will not be considered for award.**

A filled-in sample of the "**Research Support**" portion of the FCF has been provided below for your reference:

Grant type/number	Funding organization	Funding period	Role (*e.g.*, PI, co-PI)	Direct costs for FY 2017 (in U.S. $)
Ex 1: R01 AI160-09	NIAID/NIH	9/5/14-8/31/17	PI	$93,108
Ex 2: 156478913	NSF	2/5/14-5/8/17	Co-PI	$8,034
Ex 3: 14PAI16114	Amer. Heart Assoc.	No-cost ext.	PI	$42,548
Ex 4: Start-up Funds	University of XYZ	Unlimited	PI	$82,548
Ex 5: 14SIC184	McIver's Cancer Trust	8/1/15-7/31/17	PI	$0 (PI salary only)
Ex 6: Careers in Immunol Fellowship	AAI	9/1/16-8/31/17	Fellow	$19,100
			Total	**$245,338**

Instructions:

1. Under "Grant type/number," please list the names or numbers of all mechanisms of support individually, including federal, state or private grants; departmental support; start-up funds; and other support. You must also list grants on which you are a co-investigator and grants that are under no-cost extension. Please list both funding mechanisms that have allocations for direct costs (see ***Ex 1-4, 6*** in the above sample) and those that do not provide money for direct costs (see ***Ex 5*** in the above sample).

2. Under "Funding organization," write the name of the funding body that provided you with each funding mechanism. The names of well-known organizations, including government institutions and large non-profits may be abbreviated (see ***Ex 1-3***), but please write out the names of less well-known funding bodies (see ***Ex 5***).

3. Under "Funding period," please write the total duration of the award from the start date to the end date using the format MM/DD/YY–MM/DD/YY (see ***Ex 1-6***).

4. Under "Role," please indicate your designated title for each funding mechanism. Common roles include PI, co-PI, mentor, coordinator, or adviser.

5. a. Under "Direct costs for FY 2017" please indicate the amount of money allocated for direct costs from each funding mechanism in fiscal year 2017, beginning 7/1/16 and ending 6/30/17. If your institution operates on a different fiscal year schedule, please provide an estimate for funds that will be allocated for direct costs during 7/1/16– 6/30/17.

   b. For grants operating under no-cost extension, please specify the amount of funds remaining.

   c. For grants on which you are a co-PI, please indicate only the amount of funds that are allocated for your specific research use. Do not provide the total amount of funds allocated to the group.

   d. **Please exclude funds dedicated to PI salary** (see ***Ex 5*)** for each funding mechanism listed.

   e. Grants which provide salary support for laboratory personnel, including AAI Careers in Immunology Fellowships (see ***Ex 6***), should be included.

6. The FCF form must be signed by the department chair or dean to certify that the applicant's funding status is accurate. If you are the department chair or dean, you must have your supervisor sign the form.