AAI *Travel for Techniques Award* Program

This is a travel support program for AAI member scientists intended to assist them in learning techniques needed for their research. This program will reimburse expenses for one trip to another laboratory specifically to learn a technique.

Eligibility

Scientists with independent research programs (PIs) may apply. Applicants must be AAI regular or associate members in good standing and remain as such for the duration of the award. The applicant is eligible to travel; may assign the award to a trainee under their mentorship; or may assign the award to another lab member. The trainee or lab member must also be an AAI member in good standing and remain as such for the duration of the award. Awards are limited to one person per laboratory.

At the time of application, the PI should have no more than $350,000 U.S. dollars (USD) in total annual direct costs from grants (of any type) and/or institutional research support, including start-up funds. PI salary paid from grants may be subtracted from the total annual direct costs. Independence and funding levels must be confirmed by the applicant's department head or dean.

Members of the AAI Council and their departments (if the council member is a chair) are ineligible to apply for this award.

Scientists employed by for-profit corporations or federal agencies are ineligible to apply for this award.

Travel Support

Applicants may request funding for one future trip to learn a new technique from a research group at another institution. Successful applicants will be reimbursed for travel expenses up to $1,500 USD in accordance with the *AAI Travel for Techniques Travel Reimbursement Policy*.

Applications will be considered based on relevance of the technique to the applicant's program and financial need.

Travel Terms and Conditions

It is expected that the technique is ***not*** available at the applicant's institution. If the technique is available at the applicant's institution, the applicant must explain why he is requesting to travel to learn the technique. International travel is allowed but the travel support will not be increased. Consent from the PI teaching the technique (or whose lab member is teaching the technique) must be confirmed in the application.

Only proposals for future travel plans will be considered for award. An applicant may not submit an application requesting reimbursement for travel that has taken place prior to the application submission date.

Travel must be completed by the application deadline of the next award cycle. For example, if a PI receives a travel award in the Summer Award Cycle (see "Award Cycles" on the next page), the PI must complete travel by the application deadline for the Fall Award Cycle (October 15). The awardee will be required to provide a summary of the travel experience at the time the reimbursement claim is submitted.

It is the responsibility of both the visiting and hosting PIs and their lab members, in conjunction with their institutions, to ensure that all academic and research activities carried out in or outside the US comply with the laws or regulations of the US and/or of the foreign country in which the academic and/or research activities are conducted.

Award Cycles

Applications will be considered in three award cycles per year. If the application deadline falls on a weekend day or a federal holiday, applications will be due by 5 PM Eastern Time on the next regular business day.

Summer:

       April 15: Applications open

       June 15: Application deadline

       Awardees announced in early August

Fall:

       August 15: Application process opens

       October 15: Application deadline

       Awardees announced in early December

Winter:

       December 15: Application process opens

       February 15: Application deadline

       Awardees announced in early April

Application Process

Applicants will be required to provide:

1. A completed Travel for Techniques Application
2. A completed Host PI Visit Confirmation Form
3. Applicant's current CV/NIH Biosketch

Please direct inquiries about the Travel for Techniques program to awards@aai.org. Please also submit completed applications to awards@aai.org. For best results, we recommend that the application be downloaded to your computer before filling it out, as not all form fields and document functions may be compatible with your brower. All documents should be uploaded as a single combined PDF file. Please be aware that the single, combined PDF must be no larger than 20MB. Packages that are not complete will not be considered.

The American Association of Immunologists
Travel for Techniques Application
(This form must be completed in its entirety, signed and submitted
with other requested materials.)
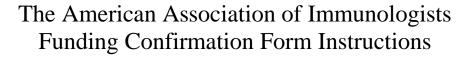*Please print legibly or type.*

APPLICANT (PI) INFORMATION

Last Name		First Name or Initial		Middle Name or Initial		Title/ Position	
Institution					Department		
Street Address							
City		State			Country		
Zip Code		Phone			Email		
AAI Member ID		Total Funding in U.S. Dollars (see Funding Confirmation Form)					
Signature					Date		

DESIGNATED TRAVELER INFORMATION (*IF DIFFERENT FROM PI*)

Last Name		First Name or Initial		Middle Name or Initial		Title/ Position	
Institution					Department		
Street Address							
City		State			Country		
Zip Code		Phone			Email		
AAI Member ID							
Signature					Date		

HOST PI INFORMATION (*THE PI YOU ARE VISITING*)

Last Name		First Name or Initial		Middle Name or Initial		Title/ Position	
Institution					Department		
Street Address					City, State, Zip		
Phone		Email				Visit Dates	

Travel Proposal

Technique Description (*2,500 character limit, including spaces*)**:**

Please provide a description of the technique you will be learning.

Application and Relevance of Technique *(6,000 character limit, including spaces)***:**

Please describe how this technique will be applied to support a current or new research goal in your lab.

Application and Relevance of Technique (continued):

Travel Justification *(1,500 character limit, including spaces)***:**

Whose lab are you visiting? Why are you visiting this particular lab?

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 1/1/23-12/31/23 (in U.S. $)
Ex 1: R01 AI160-09	NIAID/NIH	9/5/20-8/31/23	PI	$93,108
Ex 2: 156478913	NSF	2/5/20-5/8/23	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	8/1/20-7/31/23	PI	$0 (PI salary only)
Ex 6: Careers in Immunol Fellowship	AAI	9/1/22-8/31/23	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 1/1/23-12/31/23" please indicate the amount of money allocated for direct costs from each funding mechanism in 2023, beginning 1/1/23 and ending 12/31/23. Please list all grants for 1/1/23-12/31/23, even if "0" dollars in funding remain.

   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.

The American Association of Immunologists
Funding Confirmation Form
(This form must be completed in its entirety and signed by the
Department Chair or Dean.)
Please type responses.

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 (<u>excluding</u> PI salary). **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. If you have no funding, please state "none".

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

Grant type/number	Funding organization	Funding period	Role (e.g., PI, co-I)	Direct costs for 1/1/23-12/31/23 (in U.S. Dollars)
				Total

Department Chair/Dean Certification of Applicant's Funding Status
I hereby certify that the applicant is a 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.