

KANSAS PARTNERS IN PROGRESS, INC.
c/o Palmer Physical Therapy for Women
2020 N. Webb Rd. #104
Wichita KS 67206

GRANT APPLICATION

I. Title of Study/Project _____

2. Project type (check one)
 Research Study Educational Project

3. Principal Investigator/Project Director
Name _____

Title/Position _____

Address _____

Telephone (work) _____(home) _____(fax) _____

e-mail _____

Names of other applicants _____

School (if a student) _____

4. Period of proposed activity (start date) _____(end date) _____

5. Total amount of funds requested in this proposal _____

If grant is approved, to whom should grant check be issued?

_____ Principal Investigator/Project Director

_____ Institution/Other (Please specify)

Is this a corporation? yes no

Taxpayer Identification Number _____

6. Abstract (use attached form page)
7. Narrative Description: Attach a narrative description of the study/project with the following sections:
 - A. Introduction/Purpose
 - B. Methods
 - C. Resources Available
 - D. Background of the Applicant(s) (include all persons listed in Section II of the first page)
 - E. Plans for Future Work and Sharing of Results
8. Consent/Approval Forms
Attach a copy of the Human Subject Informed Consent Form or the Animal Research Committee Approval.
9. Budget
Complete the attached budget form
10. Academic Approval
Is this a research study or educational project that is part of a course for an education degree? YES _____ NO _____

If yes, has approval been received from all necessary committees and school authorities to pursue this study or project?

In no, please provide the anticipated approval date: _____

NOTE: Applications may be considered prior to receipt of this approval and grants may be awarded contingent upon notification of receipt of such approval.
11. Certification
Read and sign the certification document included in this application.

Project Abstract

In the space provided, submit an abstract of the project including the purpose, methods, and significance of the work. Do not include any identifying information on this page (name, position, or employer). Single space only.

A large, empty rectangular box with a thin black border, intended for the applicant to write their project abstract. The box occupies the majority of the lower half of the page.

Proposed Budget

REQUEST	UNIT AMOUNT	TOTAL AMOUNT
Equipment Purchase/Rental		
Total Equipment Costs		
Supplies		
Total Supply Costs		
Travel		
Total Travel Costs		
Other Expenses (consultant fees, phone, photo development etc.)		
Total Other Expenses		
TOTAL REQUESTED FOR THIS PROPOSAL		

On a separate sheet of paper provide a justification for any single item over \$200.

Certification

I certify that the statements herein are true and complete to the best of my knowledge and agree to any conditions placed on the award.

I certify that I have read and reviewed each of the following along with any other practice regulations relevant to this project:

- Kansas Physical Therapy Practice Act and Regulations of the Physical Therapy Examining Committee
- Code of Ethics http://www.apta.org/PT_Practice/ethics_pt/code_ethics
- Guide for Professional Conduct of the American Physical Therapy Association
- Standards of Practice for Physical Therapy (HOD 06-91-21-25)
- Physical Therapy Professional Relations (HOD 06-91-15-18)
- Criteria for Standards of Practice (BOD 03-91-31-79)
http://www.apta.org/PT_Practice/provisionofptservices/Standards

I agree that any equipment purchased with grant funds shall be donated, upon completion of the study or project, to the school or institution where the research is conducted.

I understand and agree that use of grant funds is restricted to actual expenses of the study or project and may not be used for administrative overhead of the sponsoring institution.

I agree to submit a report(s) as required in Item 8 in the instructions, if the grant is awarded.

I agree to submit documentation, if this study/educational project is not completed within the projected time or if there are substantial changes from the study/project described in this application. Failure to submit paperwork on changes or extensions will result in the awardee returning all grant funds to the Kansas Partners in Progress.

I agree to make available to the public on a non-discriminatory basis, any patents, copyrights, processes or formulas that may arise as a result of this research grant.

Signature of person in Item 3

Signature of Faculty Advisor, if project fulfills an educational degree requirement