FAHS-BECK FUND FOR RESEARCH AND EXPERIMENTATION
A Fund Established with The New York Community Trust

FACULTY/POST-DOCTORAL RESEARCH GRANT PROGRAM

Application Form

Part 1: Project and Project Applicant Organization

Title of Project: __________________________________________________________
_______________________________________________________________________

Amount Requested: $_________________ Proposed Duration of Project: __________

Applicant Organization: (Note: Only accredited educational and non-profit organizations may apply.)
_______________________________________________________________________

Address: __________________________________________________________________
_______________________________________________________________________

The Applicant Organization is a:

_____College/University
_____Non-Profit Human Service Organization
_____Other Non-Profit Organization (Describe: ________________________________)

Tax Exempt Number: _______________________

Is applicant organization subject to accreditation or certification?  ____Yes  ____No

If “Yes,” indicate by which organization(s):
_______________________________________________________________________
_______________________________________________________________________

If “Yes,” are the accreditations/certifications in order and in effect?  ____Yes  ____No
Part 2: Principal Investigator

Name: ________________________________________________________________

Title: ________________________________________________________________

Employer: _____________________________________________________________

Address: ______________________________________________________________

_______________________________________________________________________

E-mail: ____________________________ Telephone: __________________________

Nature of doctoral degree (e.g. PhD, DSW, ED), field, date received and granting
institution:

_______________________________________________________________________

_______________________________________________________________________

Have you previously received a Fahs-Beck Dissertation Research Grant?

___Yes  ___No

Have you previously received a Fahs-Beck Faculty/Post-Doctoral Research Grant?

___Yes  ___No

If yes, indicate title of project and year: ________________________________

_______________________________________________________________________

Part 3: Service Component of Project

Is there a service component to the project?  ___Yes  ___No  (If “No,” skip to Part 4)

If “Yes,” is it being provided by the applicant organization?  ___Yes  ___No

If “No,” what organization is providing it?

Organization Name: ______________________________________________________

Address: __________________________________________________________________
Name of Person Directing Service Component:______________________________

Title: __________________________________________________________________

E-mail: ___________________________ Telephone: __________________

**Part 4: Administrative Manager of Project** *(must be an employee of the applicant organization)*

Name: __________________________________________________________________

Title: __________________________________________________________________

Employer: __________________________________________________________________

Address: __________________________________________________________________

__________________________________________________________________________

E-mail: ___________________________ Telephone: __________________

**Part 5: Signatures**

Signing this application form indicates acceptance of the provisions of the grant as set forth in the Application Guidelines and affirms the accuracy of the information provided on the application.

Signature of Principal Investigator: ___________________________ Date:_____

Signature of Administrative Manager: ___________________________ Date:_____

If the grant is approved, how should the check be made out and to whom should it be sent?

Payee: __________________________________________________________________

Send to: __________________________________________________________________

Address: __________________________________________________________________
How did you hear about the Fahs-Beck Fund’s Faculty/Post-Doctoral Grant Program? 
(Select all that apply.)

☐ Internet search
☐ Colleague
☐ Professional association: ________________________________
☐ Received a Fahs-Beck Grant: ☐ Doctoral Dissertation Grant
  ☐ Faculty/Post-Doctoral Research Grant
☐ Other:______________________________________________________

**Part 6: Application Checklist**

*(Check box to indicate completion or inclusion of item in package)*

☐ PDF of project description (maximum 10 pages, double spaced) sent as an email attachment to postdoc@fahsbeckfund.org

For items below, check only those included in package:

☐ Application form (2 copies)
☐ Project Summary with Cover Sheet (10 copies)
☐ Printed copy of project description
☐ Copies of measures to be used
☐ Documentation of official final IRB approval
☐ Letters of agreement from organizations providing services or access to subjects
☐ Curriculum vitae of Principal Investigator and other relevant project personnel
☐ Chart of tasks and subtasks, indication of responsible parties, and timeline
☐ Detailed budget and brief budget narrative
☐ Letter from institution regarding administrative costs, if any (maximum 10%)
☐ Letter from institution indicating accreditation and tax status

Mail application package to:
  Fahs-Beck Fund for Research and Experimentation
  c/o The New York Community Trust
  909 Third Avenue, 22\textsuperscript{nd} Floor
  New York, NY 10022

**IMPORTANT:** Be certain to retain a copy of the completed application form and all supporting documents
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Project Summary Cover Sheet

A copy of this completed application form must be stapled to each of the 10 copies of the project summary.

Applicant Name: ____________________________________________________

University/Employer: ________________________________________________

Department: __________________________________________________________

Project Title: _________________________________________________________

______________________________________________________________________

Amount Requested: $ ________________________________________________

Type of Data:   □ Qualitative
                □ Quantitative
                □ Combination

Type of Design:   □ Experimental
                 □ Quasi-Experimental
                 □ Non-Experimental

Origin of Study:   □ Original study
                    □ Part of a larger study
                    □ Secondary data analysis

Sample Size: _______________________________________________________

www.fahsbeckfund.org  Last Revised: 1/12/2015  Page 5 of 5