



Wound Healing
Foundation

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FLASH Clinical Wound Healing Grant Award

Application and Instructions

Deadline for Submission – February 27, 2017



Wound Healing Foundation

The Wound Healing Foundation (WHF), through the support of the Wound Reach Foundation, is pleased to announce the call for applications for the **FLASH WHF Clinical Wound Healing Grant** award.

PURPOSE and TIMING

The purpose of this one-year, \$2,500 Grant is to stimulate clinical research in wound healing. Young investigators, junior faculty, or established investigators who are members of the Wound Healing Society are eligible to apply. **Only clinical research studies will be considered.** Preference will be given to proposals that focus on evidence gaps identified in the WHS clinical wound care guidelines (<http://www.woundhealingfoundation.org/programs/Guidelines.aspx>).

In order to be considered for the Grant award all applications must be received by WHF no later than **11:59 p.m. on February 27, 2017**. Following a review by the WHF Awards Committee, the successful applicant will be notified on or about **March 15, 2017**. The Grant award will be publically bestowed at the Wound Healing Society (WHS) Annual Meeting scheduled to occur **April 5-9, 2017** at the convention center in San Diego, California. The Grant period shall begin when the first half of the award is paid to the U.S. University or Medical School accepting responsibility for the research environment (Sponsor), targeted for **May 31, 2017**.

RESTRICTIONS, LIMITATIONS, AND APPLICANT RESPONSIBILITIES

The award is restricted because it is intended and designated solely for salary support or direct research costs. No part of the award may be used for indirect costs or the support of routine clinical duties. Further, the funds are to be exhausted by **May 30, 2018**, unless an exception to extend the term is granted by WHF in its sole discretion; if granted, the term of the extension will be based on the underlying facts and circumstances.

Applicants must satisfy the requirements set forth in **The Criteria**, complete the **Application form**, and provide all required **supporting documentation** as instructed and within the time limits stipulated.

The Fellow is expected to both present the results at the WHS Annual Meeting occurring closest in time to the conclusion of the research and submit the completed research for publication in *Wound Repair and Regeneration*, *The International Journal of Tissue Repair and Regeneration*®. In addition, when publicly referencing the research, the Fellow is required to acknowledge the Wound Healing Foundation Grant support by using of content to be provided by WHF.

WHF reserves the right to rescind the award at any time if the Applicant fails to comply with the terms and conditions set forth herein and as provided in the submitted research application and supporting documentation.

WHF is a 501(c)(3) non-profit organization.
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info@woundhealingfoundation.org

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CRITERIA

The Principal Investigator must:

1. Be a Wound Healing Society Member
2. Have completed or be working towards a graduate degree
3. Have at least 1 year of research experience
4. Conduct the proposed research in a medical or research institution setting (i.e. university, medical school, school of public health, and/or non-profit institution) and,
5. Have the commitment of his/her department chairperson. The department chairperson must submit a letter** on letterhead describing the available research laboratory facilities and additional sources of salary support and research support, if any, protected time, significance of the research, and the applicant's qualifications. The letter must also state that Grant funds will be used for salary and direct costs only. Absence of this letter will exclude application from consideration.

** Letters of support can be included with the application materials or sent separately by e-mail (awards@woundhealingfoundation.org) or hard copy to

H. Paul Ehrlich, PhD
9995 Jonestown Rd
Grantville, PA 17028

Letters must be emailed or postmarked no later than **February 27, 2017**.



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WHF GRANT APPLICATION INSTRUCTIONS

The completed application must be submitted along with the following supporting documentation:

1. Applicant's curriculum vitae and bibliography (Two page limit, Pre-May 2015, old NIH format style <http://grants.nih.gov/grants/funding/phs398/biosketchsample.pdf>).
2. Description of the research proposal: Use Arial 11 or Times New Roman 12 font. Proposal is limited to six (6) single-spaced pages (including any figures or tables) with the left margin of 1.5 inches and all other margins at least 3/4 inch. The proposal should include *title of the research project, synopsis (200 word limit), significance of this research, background information, preliminary observations, methods and design, and data analysis*
3. Literature cited (2 page limit).
4. Plans for appropriate institutional approvals (e.g. IRB, IACUC or Animal Studies Committee). No funds will be distributed until the Wound Healing Foundation receives a copy of the appropriate institutional approval.
5. Letter of support from Department Chair (see **Criteria**).
6. A copy of the current Conflict of Interest Statement provided to the Institution in the normal course of that relationship.
7. The application and all supporting documentation are **only** accepted by email as a single pdf file attachment. Submit applications to: awards@woundhealingfoundation.org
8. Submissions must be received before 11:59 PM ET, **February 27, 2017**. A receipt will be sent. If you do not receive a receipt, please resend to ensure submission. A letter of support can be sent to Awards Committee of the Wound Healing Foundation either electronically to: awards@woundhealingfoundation.org or a hard copy mailed to:

H. Paul Ehrlich, PhD
9995 Jonestown Rd
Grantville, PA 17028



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WHF Grant Application Form

Title of Proposed Research: _____ Research Area _____

Applicant Name: _____ Current Position _____

Institution: _____

Mailing Address: _____

WHS Member Name: _____ Membership Number: _____

E-Mail: _____ Telephone: _____ Fax: _____

Date of Birth: _____ Nationality: _____

Undergraduate Education

Institution(s) Degree Date Received: _____

Medical or Graduate Education

Institution(s) _____ Degree _____ Date Received: _____

Other Graduate Education:

Institution(s) _____ Degree _____ Date Received: _____

Residency or Postdoctoral Training:

Institution(s) _____ Degree _____ Date Received: _____

Previous Research Experience (include institution, project, sponsor, and inclusive years), Special Honors or Awards:

Applicant Signature: _____ Date: _____



**Wound Healing
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Department Chair Information: (See Criteria, (5))

Name: _____

Institution: _____

Mailing Address: _____

E-Mail: _____ **Telephone:** _____ **Fax:** _____

Have you applied for other sources of funding for this research? Yes _____ No _____

If yes, Name of organization: _____ **Date:** _____

If yes, what is the status of the application? _____

References (Name and contact information)

1) _____

2) _____

3) _____

Departmental Chair's Signature: _____ **Date:** _____

By signing below I certify that the information provided is accurate, that I agree to be bound by the terms and conditions of the Grant if selected, and that I am in compliance with my Institution's Conflict of Interest Disclosure policies and procedures:

Applicant's Signature: _____ **Date:** _____