

**Welcome to the Foundation for Physical Therapy Research's  
online application submission system!**

<https://proposalcentral.com/>

for the

**2024 Geriatric Physical Therapy Research Grant  
APPLICATION INSTRUCTIONS**

You must use the Foundation's online application platform on ProposalCentral.com to submit your application.

## SET UP AN ACCOUNT

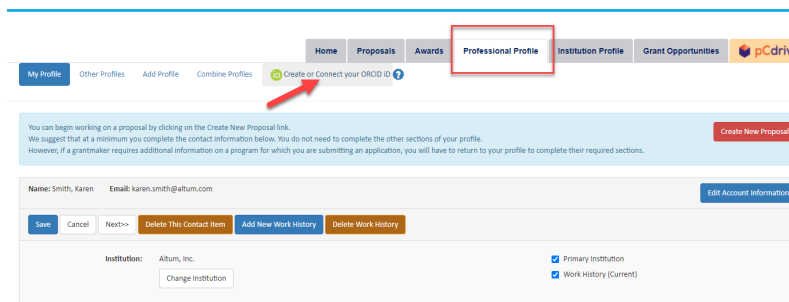
Applicants who already have a ProposalCentral account may skip this section. Select the "Applicant or Awardee" tab before you log in via the [ProposalCentral.com](https://proposalcentral.com/) website page.

If you do not have an account, go to the [ProposalCentral.com](https://proposalcentral.com/) website page. Choose the "Applicant or Awardee" tab. You have two options to create your account: Click on "Need an account," then enter your first and last name, email address, create a password, choose a challenge question, and provide the answer to it. The other option is to create an account using your existing ORCID ID<sup>1</sup>.

## NAVIGATE TO THE APPLICATION

### Click on Applicant tab

If you have not linked your ORCID ID to your ProposalCentral account, click on the Professional Profile tab and connect your ID. If you are all set, skip this step and proceed to click on the "Grant Opportunities" toward the right on the main tabs menu.

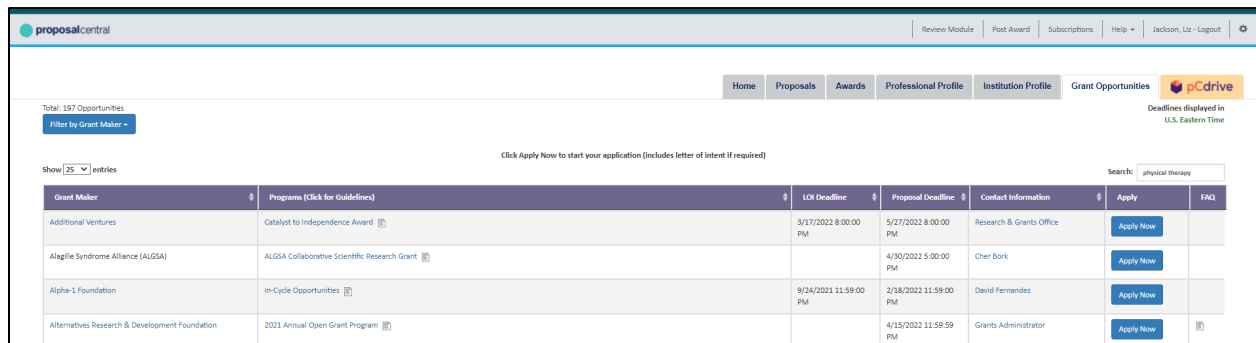


<sup>1</sup> You will be required to have an ORCID ID if you are awarded a Foundation grant. If you want to create one while creating your ProposalCentral account, click on "Login with ORCID" button as your sign in. You will land on the ORCID sign in, where you will click on this link, "Don't have an ORCID ID yet? Register now." Once you have your number, you still need to create your ProposalCentral account and link your ORCID ID before you can use it to log on.

## Click on the Grant Opportunities tab

Navigate to the “Grant Opportunities” tab and enter “Foundation for Physical Therapy Research” into the search box. You will get the list of all the Foundation grants.

Find the Cardiovascular and Pulmonary Physical Therapy Research Grant on the list and click the “Apply Now” button. You will be taken to the application.



Grant Maker	Programs (Click for Guidelines)	LDI Deadline	Proposal Deadline	Contact Information	Apply	FAQ
Additional Ventures	Catalyst to Independence Award	3/17/2022 8:00:00 PM	5/27/2022 8:00:00 PM	Research & Grants Office	Apply Now	
Alzheimers Syndrome Alliance (ALGSA)	ALGSA Collaborative Scientific Research Grant		4/30/2022 5:00:00 PM	Cher Bork	Apply Now	
Alpha-1 Foundation	In-Cycle Opportunities	9/24/2021 11:59:00 PM	2/28/2022 11:59:00 PM	David Fernandez	Apply Now	
Alternatives Research & Development Foundation	2021 Annual Open Grant Program		4/15/2022 11:59:59 PM	Grants Administrator	Apply Now	

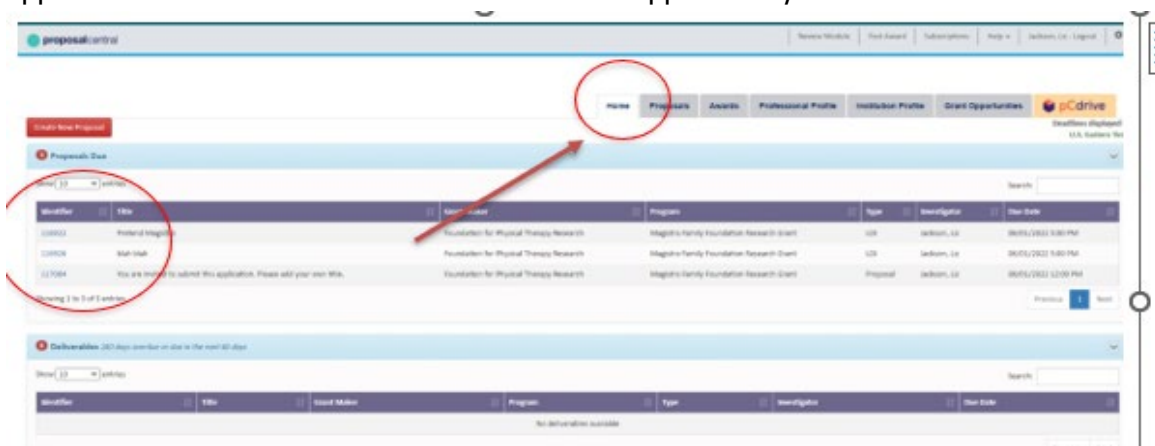
## Saving your Work and Exiting

Once you complete the first section, Title and General Information, and click on “Save,” you will be able to save your content whenever you click “Save” or “Next” on each page.

After completing your work for a session, you may exit the application by clicking the “Exit” button.

## Resuming your Work on an Unfinished Application

To resume your work, login to ProposalCentral.com, navigate to the “Home” tab and click on the application identifier number associated with the application you wish to resume.



Identifier	Title	Grant Maker	Program	Type	Investigator	Due Date
128802	Federal Inquiries	Foundation for Physical Therapy Research	Magnolia Family Foundation Research Grant	ISA	Jackson, LI	08/15/2022 12:00 PM
128804	Start Grant	Foundation for Physical Therapy Research	Magnolia Family Foundation Research Grant	ISA	Jackson, LI	08/15/2022 12:00 PM
127084	You are invited to submit this application. Please add your own title.	Foundation for Physical Therapy Research	Magnolia Family Foundation Research Grant	Proposal	Jackson, LI	08/15/2022 12:00 PM

You are able to work on any portion of the application as many times as you like until you click "Submit."

### **Quick Access to the Grant Guidelines**

You can find a link to the grant guidelines in the box beneath the table of contents on the left side of the application section.

### **QUESTIONS**

For questions about the application content, please contact [info@foundation4PT.org](mailto:info@foundation4PT.org)

For any technical assistance in using the Foundation's application platform on ProposalCentral, please contact [pcsupport@altum.com](mailto:pcsupport@altum.com) or call **800-872-2562** or **703-964-5840**.

**The instructions continue on the next page**

## 1. Title and General Information

The first section is straight forward. The most important consideration is that you must complete it for your application to be saved.

**Project Title:** Provide a title for your project.

### Environment

**Practice settings:** Choose one.

**Total number of project sites:** Provide the number of sites where research will be conducted.

**Total number of study participants:** Provide the number of people who will be studied.

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## 2. Download Instructions and Templates

**Application Instructions:** These instructions for completing your application.

**Research Plan:** Word template correctly formatted with instructions for completing each required section of the plan.

**Resources and Environment:** A Word template formatted with instructions for completing each required section.

**Applicant Biosketch:** This is the [NIH biosketch](#) format for the Principal Investigator only to complete.

**Key Personnel Biosketch:** This is the [NIH biosketch](#) format for use only for key personnel.

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## 3. Enable Other Users to Access this Proposal

This section allows you to give other users access to your grant application.

**The Sponsoring Institution authorized signatory will need to e-sign the application, so you must, at a minimum, add them as the signing official. The system will give them Edit rights needed to e-sign.** This person will be sent an email that includes the ProposalID and confirmation number to be entered to grant them access to e-sign your application in Section 17.

ProposalCentral will automatically assign editing rights to any contact you add in this section. If any of your signatories have trouble accessing the application to provide their e-signature, please confirm their access level on this page or contact [PCsupport@altum.com](mailto:PCsupport@altum.com).

#### 4. Applicant/Principal Investigator

The person who creates the application is the default Applicant/Principal Investigator. Contact information from this person's Professional Profile (My Profile), including primary institutional affiliation, is loaded automatically to this section of the application.

If the required fields (\*) are incomplete or incorrect, changes must be made in the applicant's Professional Profile by choosing "Edit Professional Profile" button.

**Licenses, and Certifications:** Provide all licenses and certifications currently held, using a comma to separate them. List all physical therapy licenses first, followed by any others.

**APTA Membership:** All Foundation research grants require applicants to be APTA members at the time of application and for the duration of the grant period. You will provide your membership number.

**Membership in APTA Geriatrics is required for this grant.** Choose this academy as your first one of the four memberships that you may list in addition to your APTA membership.

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#### 5. Demographic Information, Principal Investigator Only\*

Completion of this section is optional.

- **Gender:** Choose from the dropdown menu.
- **Race:** Please select **all** that apply: American Indian or Alaska Native, Asian, Black, or African American (not of Hispanic origin), Native Hawaiian and Pacific Islander, White (not of Hispanic origin), Other, Prefer Not to Disclose
- **Primary Race:** Choose one from the dropdown menu
- **Hispanic or Latino Ethnicity:** Do you consider your ethnicity to be Hispanic or Latino?

\* The Foundation anonymizes this information before using it for internal data analysis to monitor progress toward diversity, equity, and inclusion objectives.

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#### 6. Sponsoring Institution Information

Required fields are marked with a red asterisk \*.

ProposalCentral will automatically load the Principal Investigator's employer as the Sponsoring Institution. It loads institutional information from its database into this section.

### **To Change the Sponsoring Institution Listed**

Press the button, “Change Institution.” Initially, the list contains only the following: your current institution, the institutions that you listed in your Professional Profile, and any other institutions that include your UserID in their access list.

Use the Search option to find other institution profiles available in ProposalCentral. Results you choose from the Search will be added to your list of institutions.

To change the institution, choose from the new list of institutions and press the button “Change Institution.” If, after changing the Institution, you need to update the contact information that appears below it, you can click “Edit Institution Profile” to go directly to that Institution Profile. This button only available if you have Edit access to the selected Institution Profile.

Click “Save” before completing the sections below.

### **Required Federalwide Assurances**

You must add your Sponsoring Institution’s OHRP and/or OLAW numbers if they are applicable and if they did not auto populate.

You must also confirm that your Sponsoring Institution has workplace protection policies and data protection policies that will apply to the project.

If your Sponsoring Institution does not have an OHRP or OLAW number, contact [info@foundation4PT.org](mailto:info@foundation4PT.org) right away. You will have to prove that your Sponsoring Institution has policies and procedures governing protection of human and/or vertebrate animal subjects that meet all federal and state requirements and have an IRB or access to a recognized one.

### **Sponsoring Institution Official’s E-signature**

In order for this official to sign, you must enter their contact information into Section 3 and give them grant signing rights. You may add multiple official representatives associated directly with your project who may need to receive communication and/or e-sign on behalf of the institution.

## 7. Key Personnel

Key personnel may include co-investigators, consultants or any other individual substantively involved in implementing the project.

Follow the directions in the section for adding people's information. If the person is already registered in ProposalCentral, some information will be automatically loaded into the contact form. Changes that you make to the person's contact information will be for this application only. The changes do not affect the information in the person's ProposalCentral Professional Profile.

Please pay due attention to describing the person's role (from the dropdown list or choose other and add a role descriptor), percent of efforts, and actions.

When finished entering a person's information, click "Save" and "Close Window."

Repeat for each key person on the application.

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## 8. Principal Investigator Eligibility

These questions are based on the eligibility requirements found in the grant guidelines.

1. You are a licensed physical therapist or physical therapist assistant or will be prior to January 1, 2025. Enter your license number or date of expected licensure.
2. Your study addresses one or more priority area in the [2023 APTA Research Agenda](#).
3. You are in Good Standing with the Foundation, meaning you have never failed to complete the requirements of any prior scholarship or research grant.
4. You are a U.S. citizen or permanent U.S. resident with the right to work or a non-immigrant foreign citizen with the right to work in the U.S. for the life of the project.  
Note: In Section 15-Attachments, you will need to upload your passport, and if not a U.S. citizen, additional documents showing you have the right to work in the U.S. for the duration of the grant.
5. If you are a student, you will be awarded your degree no later than December 1, 2024.
6. As Principal Investigator, you will have a substantive research and leadership role and be responsible for the implementation of the project.
7. You are an employee of the Sponsoring Institution named in the application.
8. Your Sponsoring Institution is a legally registered, domestically operating non-profit or for-profit U.S. organization or institution.
9. Your Sponsoring Institution agrees not to charge **any** indirect (overhead or administrative) costs.
10. All the research funded by the Foundation will be carried out entirely in the U.S.
11. You are a member of APTA Geriatrics.
12. Your research addresses a priority in the [APTA Geriatrics Research Agenda](#).

## **9. Project Abstracts, Areas of Research, and Requests to be Considered for Other Grants**

### **Abstracts**

The instructions for both abstracts are below. They are also in the application.

**Lay Abstract.** Please describe your proposed research in easily understandable language, as if you are speaking to someone who has some knowledge of physical therapy but not necessarily of research. Your descriptions and language should be suitable for a non-research audience.

The Foundation may use this information in its publicity if your application is successful. Do not include proprietary information. By providing this information here, you are agreeing to its public use by the Foundation, with or without changes, without prior approval. **The text box has a character limit of 2,000 (approximately a half page).**

**Technical abstract and brief description of your role.** Avoid jargon. All abbreviations should be spelled out when first used. Use numbers or letters for citations. Do not include references here. They will be uploaded as a separate attachment. References are not counted against the length limitations for the abstract.

The technical abstract summarizes all major parts of your proposed research. It will include why you want to conduct the study; how you plan to conduct it, what you hope to find out, and why this work is important. End with a brief description of your role as Principal Investigator. **The text box has a character limit of 2,000 (approximately a half page).**

### **Areas of Research**

The Foundation has expanded the keywords list. Please select ones that best capture the main elements of your research. The Foundation uses the ProposalCentral keyword matching feature to match applications with reviewers who have also provided keywords to describe their expertise and specialisms.

### **Request to be Considered for Other 2024 Foundation Research Grants**

This section is optional. If your application meets the requirements of other grants being offered this year, you may choose up to three. You can only choose from the grants listed. The Research Committee has sole discretion to consider your application for any other grant.

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## 10. Budget Period Details and Narrative Justifications

This section is where you will enter all of your budget details by year. If you are applying for a 1-year grant, you will only fill out Period 1. Two-year grants will have a Period 1 and Period 2.

**Your budget must equal \$40,000.**

**No indirect (overhead or administrative) costs can be included in the budget. There are no exceptions.**

**The Foundation will allow reasonable fringe benefit costs to be calculated for project employees of the Sponsoring Institution, provided they are already eligible, and these benefits are already active. Personnel who are not employed by the Sponsoring Institution or who do not qualify for fringe benefits may not receive them as part of this grant budget. Consultant costs should not exceed ten percent of the total budget.**

**For two-year grants, any annual adjustments in salary and fringe benefit or wages must be projected in the budget at the time of application. The Foundation will not allow adjustments to personnel costs in second year that are not already in the budget.**

**The Foundation follows [NIH guidance on salary caps](#).**

Insert numbers only, no characters, e.g., dollars signs, percent signs, or commas.

**Start Date:** Enter 1/1/2025.

**End Date:** The end date will either be December 31, 2025 or December 31, 2026.

**Personnel Costs:** Please see above about fringe benefits and salary caps. List key personnel, both salaried and contracted. If you know a position that you are budgeting, but have not hired for it, you can list the position and associated budget for it as a placeholder.

### **Non-Personnel Costs**

**Equipment:** The purchase of major equipment must be fully justified, and the cost cannot exceed 20 percent of the total budget. Requests for computers or major software packages must have a detailed justification showing that such items are essential to project and not otherwise available.

**Supplies or Materials:** Consumable items necessary to carry out the work of the project. Itemize supplies in categories, not individually (e.g., software, copying supplies, or office supplies). If animals are involved, state species, number, unit cost, cost of care, and other associated costs.

**Travel:** Required travel expenses related to the project, such as research conferences or relevant training. Only domestic, economy fare transportation is allowed. Costs must meet all the Sponsoring Institution's travel policies. Foreign travel must be pre-approved by the Foundation.

**Patient Care Costs:** Indicate the estimated number of study participants, number of treatments, and cost per treatment, and indicate what charge is for (e.g., equipment use). In the budget justification narrative, provide the names of the facilities to be used and amount requested for each location based on these calculations.

**Other Expenses:** A space for any expense related to the project that does not fall into the above categories. List by expense type, not individually. These expenses may include publication fees, computer charges, study location rent, maintenance, participant stipends or incentives (must follow university guidance on type and amount). Explain as needed in the budget justification.

**Subcontracts:** Optional to use as needed.

**Please make sure your total budget equals \$40,000.**

### **Budget Justification**

A narrative explanation must be provided for any cost that is novel, higher or larger than reasonably expected. Examples include, but are not limited to, personnel costs that are above the norm in total, salary that exceeds the NIH recommended salary caps, equipment purchases of more than \$4,000 or that would not seem to be justified, other expenses that are not obvious by the description. If your justifications exceed the space provided in the text box, complete the budget justification as an attachment and upload it as a project supplement.

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### **11. Budget Summary**

This section is automatically populated based on the budget details provided in the previous section. Any changes you wish to make in the summary section must be entered in Section 10- the Budget Period Details.

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### **12. Other Support**

List active and pending support for the Principal Investigator only.

Other support includes all financial resources, whether federal, non-federal, commercial, institutional, or non-profit sources that are available in direct support of the Principal Investigator's research endeavors, including, but not limited to research grants, cooperative agreements, contracts, or institutional awards. Training awards, prizes, or gifts do not need to be included.

If you have no other support to report, check the box under the instructions.

When adding other support, be sure to answer the question about non-duplication or replacement. Make sure this question is answered for any support that was automatically added from your profile.

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### **13. Required Approvals, Assurances, and Training Certificates**

The Foundation presumes that if human subjects and/or vertebrate animals will be studied in your research, you will require Institutional Review Board (IRB) and/or IACUC approval or exemption.

**Proof of IRB and/or IACUC approval or exemption must be provided to the Foundation for an award to be finalized.**

**The Foundation advises applicants to submit their IRB and/or IACUC requests no later than the deadline for submission of this application.**

If you have indicated that you have IRB or IACUC approval or exemption, upload it as a supplemental attachment in Section 15-Attachments.

**Please note that applicants are instructed NOT to select “Not Applicable” from the dropdown lists.**

The Foundation expects the Sponsoring Institution to have Federalwide Assurances, which is confirmed by the OHRP and OLAW numbers that were provided in Section 3, and which should auto populate in this section. It is the responsibility of the Sponsoring Institution to ensure that the research project is operating with all required approvals and protection policies and procedures for human and/or for vertebrate animal subjects and workplace protections for all project personnel.

If your Sponsoring Institution does not have an OHRP or IACUC number, contact [info@foundation4PT.org](mailto:info@foundation4PT.org). You will be required to demonstrate how you will obtain IRB and/or IACUC approval or an exemption and how the Sponsoring Institution meets all federal and state laws and regulations covering the protection of human and vertebrate animal subjects and workplace protection policies for all project personnel.

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### **14. Relevant Publications**

Applicants must list any pending or issued patents that are directly related to this project. If those patents exceed the maximum of three publications to be included here, add them in the Other References section of the required attachment, Citations and Other References found in Section 15-Attachments or provide them in your biosketch.

Other than patents, other publications that can be added here include the following types:

- manuscripts and/or abstracts accepted for publication but not yet published; or

- manuscripts and/or abstracts published, but a free, online, publicly available journal link is NOT available.

You may use the Citations and Other References attachment to list as many published peer-reviewed articles, chapters or abstracts that are directly relevant to the proposed research.

You may include relevant publications from key personnel as one of the publications listed in this section or listed in the Citations and Other References attachment or provided in their biosketch.

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## 15. Attachments

This section contains both required and supplemental attachments. Required attachments are listed below. They must be uploaded according to the instructions and not exceed the file size indicated in the list in the upper section.

Supplemental attachments that you may choose to upload are not listed.

Use the “Attach” button to upload both required and supplemental attachments.

The ones that require you to use a template to complete them can be downloaded from the list in the lower part of the section. Although these instructions are provided as a downloadable file, you are not required to take any action regarding them.

Please follow the instructions below about how to compile and upload these attachments in **Adobe PDF format**.

### Required Attachments

**Research Plan:** The required template has been correctly formatted and includes instructions for how to complete each of the five (5) sections, as well as guiding questions and information prompts. **To determine the correct page limits before converting it to Adobe PDF, be sure to follow the instructions for deleting information provided to help you complete a section. There are strict page limits per section. Do not exceed any limit for any section.**

**Citations and Other References:** The citations and references for them in the first section refer to ones you included in your research plan. You should not have used any citations in your abstracts. In the second section, you may include peer-reviewed publications, chapters, or abstracts relevant to your proposed project. There is no page limit, but any publications listed must be directly relevant to your proposed research.

**Resources and Environment:** The template has been correctly formatted, and instructions provided for information to include for each of the required sections. There is no page limit for this section. This information is important in determining whether available resources will support successful completion of proposed project, including any accommodations or special resources that are needed by participants for their safety or protection or to ensure equitable participation. If your project will be implemented over multiple sites, the information must confirm that the resources and environment needed at each site will be provided. **If any resources are to be obtained through collaborative arrangements, letters confirming these arrangements must be included as supplemental attachments in the application.**

**Applicant/Principal Investigator biosketch:** You must use the [NIH biosketch format](#), which is provided in the template. The page limit is 5 pages. Use this template only for your biosketch.

**Key Personnel biosketches:** A NIH format biosketch must be provided (maximum 5 pages per person) for all personnel listed in Section 7-Key Personnel, with the exception of the Program Director or other listed Sponsoring Institution official. Faculty should use the NIH biosketch form for non-fellowships.

**Letters of Support:** The following letters are required. There are no templates for them. They must be on institutional letterhead and signed by the person submitting the letter.

**Sponsoring Institution:** The letter must attest that the facilities, equipment, and any programmatic or administrative personnel listed in the application will be available for the duration of the project and that all listed personnel will have the time indicated in the application to implement it.

**Consultants:** All named consultants must provide a signed letter confirming they will be available to perform the roles stated for them in the application. They should provide their daily rate that is the basis for calculating their costs in the budget.

**Consortium investigator and authorized official at the sponsoring consortium institution (if applicable).** Both persons must provide signed letters on letterhead confirming that appropriate programmatic and administrative personnel of each consortium organization necessary to complete project will be available.

**To submit these letters, organize them by type, scan, and compile them into ONE Adobe PDF file. Name the file "Letters of Support. When you click to attach the file, choose Letters of Support from the Attachment Type dropdown menu.**

**Right to work in the U.S. documentation: This is a required attachment.** There is no template for it. Provide a black and white PDF copy of your passport page with your photo and essential information. If you are not a U.S. citizen, provide a copy of the document that shows you have a right to work in the U.S. Non-citizens should combine their passport and supporting document copies into one PDF and upload it.

**Human Subjects Training Certificates.** Although they are listed in this section, they should be uploaded using the upload button in Section 13.

## Supplemental Attachments

**IRB and/or IACUC approvals or exemption letters.** If you have either or both of these approvals or exemption letters, compile them into one PDF and attach them. They are not required as part of the application.

**Project Supplemental Information.** Applicants can scan surveys, questionnaires, data collection instruments, and clinical protocols into **one Adobe PDF file** and upload it. They are not required and should be included only if necessary.

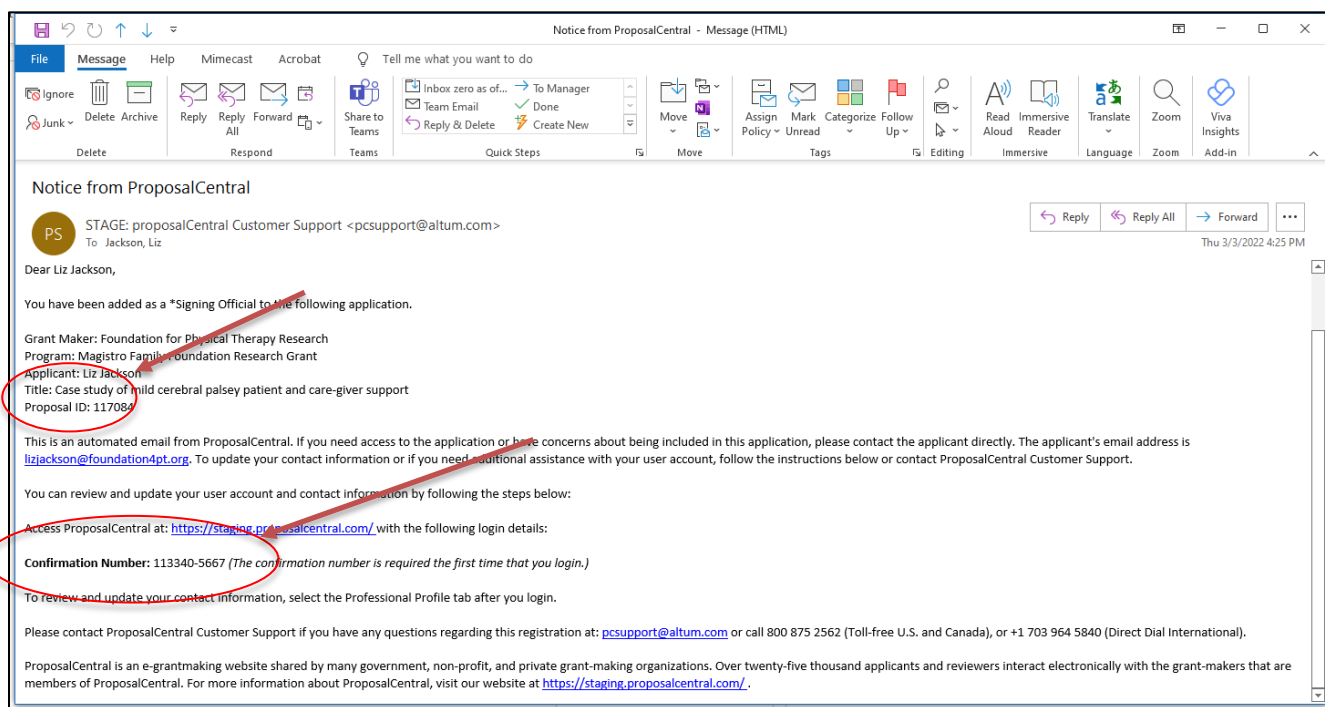
## 16. Data Sharing Plan

The Foundation requires you to provide a high-level summary of your data sharing plan. What you should cover is listed in the application. The text box limits you to approximately two-thirds of one page.

## 17. Required Signatures and Print

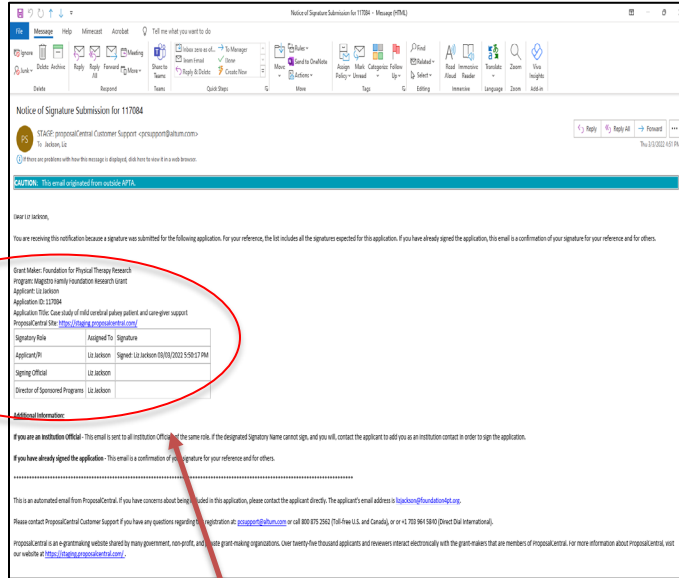
You must sign the application.

An authorized Sponsoring Institution official must also approve your application by e-signing it. You will have added this person as an authorized user in Section 3. They will have received an email at the time that included the ProposalID and confirmation number. They must enter that information to get access to sign off on your application.

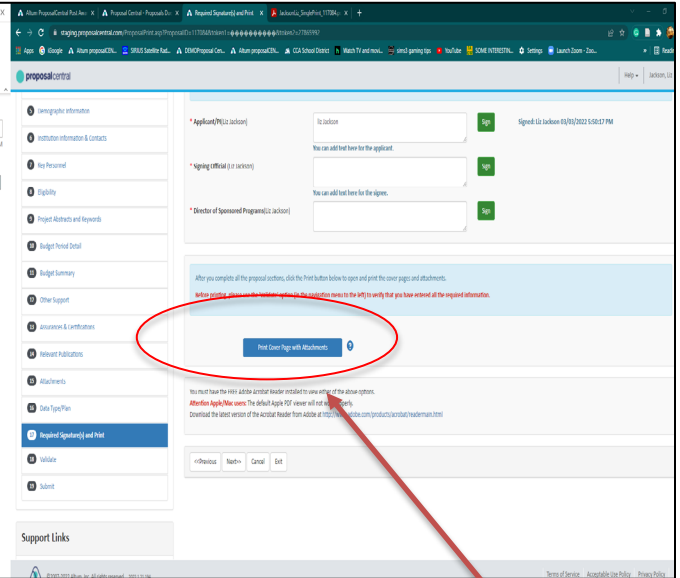


You will receive an email confirming approval once the official has signed. The box will show who has signed and provide a time stamp.

### Confirmation email



### Required Signature(s) and Print page



The cover page and attachments can be printed from this section, too.

## 18. Validate

After the e-signatures have been entered, you may validate your application using the ProposalCentral automatic review function. When you click on "Validate," ProposalCentral will list any required information in the application that is missing.

**You remain responsible for checking all information entered, attachments, both required and supplemental, to ensure they are correct, complete, and correctly formatted, meet any page limitation requirements and are correctly uploaded.**

## 19. Submit

This action can only be done when there are no corrections to be made that showed up during the previous step.

Once you click on submit, your application is submitted to the Foundation. You cannot retrieve it to make any changes or corrections. However, if the deadline NOT passed and you need to retrieve it, contact [info@foundation4pt.org](mailto:info@foundation4pt.org) to get advice on what can be done.