Community Practice Innovation Award Application

The purpose of the Community Practice Innovation (CPI) Award is to promote and grow research ideas that are generated from the rheumatology practice community and enable rheumatology practitioners to conduct impactful research. Please fill out the application templates and return via e-mail to foundation@rheumatology.org by 5:00 PM ET on April 1, 2025.

If you have any questions regarding the CPI Award or the application templates, please contact Awards & Grants Staff at foundation@rheumatology.org and we will be happy to assist you.

DonorDirect Program

Through our DonorDirect program, we can match highly scored grant applications with vetted donors that may be interested in financially supporting Foundation awards within a specific area of focus. This fundraising pathway will allow a donor to make an impact in an area that they are passionate about, while also allowing the Foundation to fund additional projects each year to further training and accelerate discoveries.

Investigators that choose to "opt-in" to the program grant permission to Foundation staff to confidentially share their de-identified project title and abstract to potential donors.

Do you opt in to the DonorDirect Program?

Yes   No

Award Eligibility

1. Are you a member of the ACR or ARP?

   Yes   No

2. ACR or ARP ID Number

3. I have a current medical license and am in good medical standing.

   Yes   No

4. Practice Setting:

5. What percentage of time are you engaged in patient care?

6. I have the ability to administratively and fiscally manage a grant award.

   Yes   No

7. I have the ability to obtain human subjects research approval and oversight for the proposed research for the duration of the award.

   Yes   No

8. I have read and meet the citizenship and other eligibilty requirements outlined in the [Awards and Grants policies](#).

   Yes   No

<u>Applicant Information</u>

Applicant Name:

Prefix   First   M   Last   Suffix

Highest Degree(s):

Position/Title:

Applicant's Biosketch or CV

Place of Employment:

City   State   Zip Code

Phone Number:

Email Address:

Project Information

Project Title (Limit 200 characters including spaces):

Total Award Amount Requested (Up to $80,000 for 1-year):

Project Summary (Limit 2000 characters including spaces):

Key Words Choose three keywords that accurately describe the project. If the application focuses on a specific disease, please include it as a keyword.

Performance Site
Please list all performance site(s) including organization/city/state.

Key Personnel
Please attach biographical sketches for ALL personnel and consultant/contractor as outlined in the RFA.

Required Documents
- Template: NIH Biosketch (not required if utilizing a CV)
- Template: CV
- Template: Benchmarks for Success
- Template: CP Budget

Attach Research Plan

Attach Budgets

Attach Benchmarks

Attach Appendix (Optional)