

AMERICAN FEDERATION FOR AGING RESEARCH

**55 West 39th Street, 16th floor, New York, NY 10018 (212) 703-9977**

**McKnight Brain Research Foundation Innovator Awards in Cognitive Aging and Memory Loss**

**Institutional Commitment Form**

Candidates for the [McKnight Brain Research Foundation Innovator Awards in Cognitive Aging and Memory Loss](file:///C%3A%5CUsers%5COwner%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CVHK7NLU1%5CINSERT%20GUIDELINES%20LINK) must be independent investigators with independent research space. To complete the application, this form must be completed by the Dean or the Department Chair. The form is NOT to be included in the application, but must be submitted directly to AFAR by the person completing the form (NOT the applicant), to afarapplication@afar.org as a Word or PDF file.

Name, title, and address of official completing this form:

E-mail:

Phone:

Signature of Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First and Last name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the candidate have independent investigator status at his/her institution?

 [ ] YES [ ]  NO

2. Has the candidate’s institution provided space and equipment specifically dedicated to his/her research program?

 [ ] YES

 Please Describe:

 [ ]  NO

 Please describe whose resources the candidate will use to execute the proposed project:

3. Did the candidate receive intramural start-up funds when offered his/her current position? (AFAR does not consider extramural funds from an outside organization/institution as ‘start-up funds’.)

 [ ] YES

 Please provide $ amount and details of start-up funds:

 [ ]  NO

4. Does the candidate have designated administrative support (e.g. someone who helps with editing and submitting grants, tracks budgets, etc.)

 [ ] YES [ ]  NO

5. What was the start date of the candidate’s current position?

 Month/Day/Year:

6. Does your institution offer tenure:

 [ ] YES [ ]  NO

1. If yes, is the candidate’s current position a tenure track position?

 [ ] YES [ ]  NO

1. If your institution does **not** offer tenure, please provide evidence of long-term institutional support

7. Does the candidate have teaching and/or clinical responsibilities in the current position?

 [ ] YES [ ]  NO

 If yes, indicate percentage of time:

8. Describe overall annual research funding for the department that the investigator is primarily

 affiliated with.

9. To demonstrate a commitment to the investigator, the institution is asked to support the investigator’s project through matching funds. **Please provide a statement below stating that 50% ($375,000) in cash or in-kind matching funds will be committed to the project and investigator if an award is made.** Provide details and amounts for the matching funds. Matching funds can only be non-federal and cannot be used by more than one project. This could be cash and/or in-kind matching, and can include faculty effort, and goods and services paid from departmental funds. For an in-kind match, the selection committee will determine whether this is equivalent to a monetary match.