



# ACVD/AAVD RESEARCH AWARD

Sponsored by the

**American College of Veterinary Dermatology Research Foundation  
and American Academy of Veterinary Dermatology**

Research grants are offered by the ACVD/AAVD for basic or clinical research in veterinary dermatology. The total amount of funding available this year is up to \$60,000. In case of any remaining funds at end of the project, they should be returned to the Executive Secretary of the ACVD.

Applicants will be expected to propose a project of scientific merit that is applicable to veterinary dermatology. The proposal should describe the feasibility of completing the project within one year of the award and within the proposed budget.

Within two years of the award, recipients have to present the study results at a national/international meeting, preferably the annual NAVDF. A copy of the abstract and the meeting information is to be forwarded to the ACVD executive secretary (Alexis Borich). If the project is subsequently published, a copy of the article should also be forwarded to the ACVD executive secretary.

\*\* The committee requests you submit an electronic copy of your proposal in Microsoft Word to Alexis Borich, the ACVD Executive Secretary by **November 1, 2024**. Her contact information is as follows:

Alexis Borich  
(619) 995-6572 cell (Pacific Time Zone)  
EMAIL: itchypet@aol.com

Proposals should be prepared according to guidelines. Guidelines for proposals are included on the next page. Grants are evaluated on scientific merit, feasibility, and importance/relevance.

## **Guidelines for Proposal Preparation:**

Proposals for the research grant offered by the ACVD/AAVD should be prepared according to the guidelines listed below. Applications not adhering to these guidelines may be excluded from consideration.

### **Cover Page**

1. Submitting organization
2. Title of the proposed research
3. Total amount requested
4. Proposed duration
5. Desired starting date
6. Principal investigator
7. Department
8. Phone number
9. If the grant is awarded to you, acknowledge a procedure is in place to receive funds at your employed institution or practice and state whom the check is to be made payable if the application is successful.
10. Where to send the check, and any required identification needed on the check
11. Details of where to send the award notice
12. The font should be Arial, 11 point for the text and 12 point for the title. The maximum word count for the proposal is 4000 excluding title page, budget and references

### **Abstract**

Provide a brief abstract (no more than 250 words) with clearly stated objectives and the importance of the research, the experimental design, subjects used and the methods used for achieving the stated objectives.

### **Introduction**

This should briefly review the subject and highlight any deficiencies in knowledge which this research proposal aims to address. Supporting data from existing publications should be given and referenced. A complete literature review is not required and the discussion should be targeted around the proposed research.

### **Specific aims/ hypothesis**

This should be clearly stated and be supported by the materials and methods described

### **Preliminary data**

Credit will be given for preliminary data supporting the study. Candidates should also provide evidence that adequate resources/ facilities/ expertise/ case material is available to facilitate completion of the study.

### **Materials and methods**

This section should describe the study in enough detail that the committee understands how the project will be carried out. Justification should be given for the number of participants/ samples involved. There should be clear consideration of any problems/ drop outs that may be encountered during the study period and how these might be dealt with. Feasibility at the location and in the time -frame proposed should also be justified.

**Data analysis**

The proposed method of statistical analysis should be detailed.

**Ethical consideration**

If the study involves animals, ethical approval for the study must be given. If the IACUC application has been made and is still under consideration this should be made clear. Funding will not be awarded without confirmed ethical approval. If client owned animals are involved then a consent form should also be provided

**Budget**

This should be given in enough detail for the committee to understand how the money is to be spent. ACVD/AAVD will also provide funds for some of the costs for examination fees and technician support. Technician support should constitute no more than 20% of the total monies requested. Documentation of technician's salary and benefits must be included. Up to 8% of University overhead may also be covered. Travel and conference attendance will not be covered.

**References**

A list of references should be given and formatted in the Vancouver style

**Curriculum vitae and institution**

Please limit institutional and identifying information to the title page only. To the extent possible, the proposals will be evaluated anonymously. Submitted along with the body of the proposal, as a separate document, should be one copy of the curriculum vitae of each of the principal investigators.

(Examples on next page)

**Example: 2024 cover page**

**Proposal to:**

ACVD Research Committee  
Alexis Borich  
Email address: itchypet@aol.com

**Submitting Organization:**

XYZ State University  
City, WA 99364

**Title of Proposed Research:**

**Canine Atopic Dermatitis: a possible cytokine and chemokine driven immune-dysregulation**

**Total Amount Requested    Proposed Duration    Starting Date**

\$25,000.00                      12 months (one year)                      July 1, 2025

**Principal Investigator    Department:                      Phone Number:**

Paul K Smith                      Vet Med: Path                      (435) 555-1234

**Check Made Payable to:**

Comptroller, XYZ State University

**Send Check to:**

XYZ State University Cashier's Office,  
Address  
Address line 2 if needed  
City, State, ZIP  
(Information required on the check's memo line, if needed)

**Note:**

- a. For payment purposes we need to know who the check should be made out to
- b. If the grant is awarded to you, acknowledge a procedure is in place to receive funds at your employed institution or practice and state whom the check is to be made payable if the application is successful.
- c. Who to mail the check to, and the precise address for this check
- d. Any special identifications which should go on the check (for example grant #, account #, attention to ----, etc.

**Send Award Notice to:**

Office of the Comptroller for Research,  
Address  
City, State, ZIP  
Phone: (122) 555-1234 FAX (122) 556-1233

**Title Page:** (one page maximum) - – please see example attached

1. Title of the proposed research: **Bold**, Arial, 12 pts centered, (Leave a blank line between the title and investigators).
2. Investigators:
  - include all investigators, primary and collaborators
  - format: first name, last name followed by symbols in superscript indicating affiliation
  - Arial, 11 points, **bold**, centered
  - Affiliation numbered in superscript following last name (leave a blank line between author and affiliation).
  - Affiliation:
    - List affiliation of all authors in order following the superscript (see examples attached)
    - Name of department, School/Institution, City, State, Country (do not include address)
3. Grant Proposal dates: Begin to end (Font Arial 11 **Bold**)
4. A contact person, name, address, phone, e-mail – in the event the committee needs clarification, or other questions answered. (Font Arial 11 pt)

**Example: Title Page**

**Canine Atopic Dermatitis: a possible cytokine and chemokine driven immune-dysregulation**

**Investigators: John P Smith, and Patty L Smith <sup>1</sup>**

**Collaborators: CM Buchard <sup>2</sup>, J Amanda Wolff <sup>3</sup>**

**School of Veterinary Medicine, XYZ State University, City**

**Department of Immunology <sup>1</sup>  
Department of Pathology, Microbiology,<sup>2</sup>  
Department of Medicine and Epidemiology<sup>3</sup>**

**Grant Proposal: July 2025 - June 2026**

Contact address: Amanda Wolff  
Address details  
City, STATE ZIP  
Phone: (area code) number  
e-mail: [name@place.org](mailto:name@place.org)