Title and Eligibility Considerations

An entry in "Are you an Established Investigator?" is required. An entry in "Do you currently hold a full-time faculty or equivalent position at an institution in North America (United States, Canada, and Mexico)?" is required.

Proposal To: American Gastroenterological Association
Program: Rudolph Research Award in Gastric Cancer
Sub Program: Gastrointestinal Research
Title (Applicant): Test (Khosrower, Sarah)
Deadline: 9/12/2024 4:00:00 PM (U.S. Eastern Time)

Project Title

* Enter title here: Test
  Do not exceed 75 characters.

Eligibility Requirements

- Applicants for this award must hold an MD, PhD and/or equivalent degree (e.g., MBBS, MBOhB, DO) and a full-time faculty or equivalent position at an institution in North America (United States, Canada, and Mexico).
- AGA membership is required at the time of application submission. Please visit the AGA membership page or call 1-800-845-AGA (245) for membership information.
- Applicants performing any type of research (basic, translational, clinical) relevant to gastrointestinal or colorectal cancer are eligible to apply.
- Applicants who are physician-scientists, female or from racial/ethnic groups underrepresented in biomedical research are strongly encouraged to apply.
- Applicants must be established as an independent investigator in the field of gastrointestinal biology.

* Do you currently hold a full-time faculty or equivalent position at an institution in North America (United States, Canada, and Mexico)?

Please select:

NOTE: If you do not hold a full-time faculty or equivalent position at an institution in North America at the start date of this award, you are ineligible to apply and should not continue further with this application. Please reach out to awards@gastro.org with any questions.

* Are you an Established Investigator?

Please select:

AGA defines "established" as follows:

- MD (or equivalent): If seven or more years have elapsed following the completion of clinical training (G fellowship or its equivalent) at the start date of this award (April 2025).
- PhD (or equivalent): If seven or more years have elapsed following the awarding of the PhD degree and the start date of this award (April 2025).

NOTE: If you are not an Established Investigator, you are ineligible to apply and should not continue further with this application. Please reach out to awards@gastro.org with any questions.

Resubmission Status

* Have you previously submitted this proposal to AGA for funding?
  - Yes
  - No

NOTE: If this proposal is a resubmission, you must submit a Resubmission Report in Section 12: Required Uploads.

Title and Eligibility Considerations

Next>> Save Print Cancel Exit
Principal Investigator & Current Institution

The user that creates the proposal is pre-loaded as the PI. Contact information from their professional profile is shown below. To update this profile, click Edit Professional Profile. To change the PI, select from the list and click the "Save" button to confirm selection.

Principal Investigator

Kielesswetter, Sarah - No institution in professional profile

Edit Professional Profile

Name:

Prefix _____ * First Sarah Middle _____ * Last Kielesswetter Suffix _____

ORCID ID: Kielesswetter, Sarah has not linked ORCID ID to ProposalCentral. Click here to Create or Connect your ORCID ID

ORCID Authorization: Kielesswetter, Sarah has not authorized ProposalCentral to add awards to ORCID profile. Click here to Authorize

Primary Job Function (Required for Eligibility Check)

Degree(s) Held

Position/Title

Academic Rank

Current Institution

Department

Division

Address

MailStop

Street

City

State/Province

Zip/Postal Code

Country

E-Mail

skielesswetter@astroug.org

Phone:

*Work: __________

Academic Position Details:

* Enter the date that you completed your clinical training or received your terminal degree.

* Will your academic rank change before the start date of this award (April 2025)?

Yes, I will assume a new rank before the start date of this award.

No, I will remain in my current rank.

New academic rank (if applicable):
Phone:  
Work: ____

Academic Position Details

* Enter the date that you completed your clinical training or received your terminal degree.

* Will your academic rank change before the start date of this award (April 2023)?
  - Yes, I will assume a new rank before the start date of this award.
  - No, I will remain in my current rank.

New academic rank (if applicable):

Expected start date of new rank (if applicable):

mm/dd/yyyy

* What is your current total percent effort dedicated to research?

* What percent effort will you dedicate to this project if you receive funding from AGA?

Principal Investigator Disclosure Statement

Applicants must disclose any arrangements or relationships relevant to the submitted proposal. These may include arrangements or relationships with:

- A company whose product is featured prominently in the submitted proposal.
- A company making a competing product to one that is featured prominently in the submitted proposal.
- Any organization or entity connected to this funding opportunity (e.g., as noted in the award title or funding acknowledgments).

* Do you have any arrangements or relationships to disclose?
  - No, I do not have any arrangements or relationships to disclose.
  - Yes, I have arrangements or relationships to disclose.

Applicants must disclose any arrangements or relationships relevant to the submitted proposal. These may include arrangements or relationships with: A company whose product is featured prominently in the submitted proposal. A company making a competing product to one that is featured prominently in the submitted proposal. Any organization or entity connected to this funding opportunity (e.g., as noted in the award title or funding acknowledgments).

Disclosures

Type up to 5000 characters

0 out of 5000 characters

In the space above, disclose all relevant arrangements or relationships (e.g., employment, consultancies, honoraria, stock ownership or options, grants or patents received, royalties, or leadership positions).

* Signature

I, the Principal Investigator, certify that I have disclosed all relevant arrangements and relationships that are relevant to this proposal. I understand that failure to disclose relevant arrangements and relationships may result in the immediate termination of my eligibility and/or forfeiture of AGA award funds. By typing my name in the field above I acknowledge that I agree with the above statements.
Proposal Title: American Gastroenterological Association
Program: Fundenberg Research Award in Gastric Cancer
Sub Programs: 
Title (Applicant): Test
Deadline: 9/12/2024 4:00:00 PM (U.S. Eastern Time)

PI Demographics

**Gender:**
- Please Select

**Ethnicity:**
- Please Select

Do you consider your ethnicity to be Hispanic or Latino?
Definition: A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”

**Race:**

- Selected Races

**Please select all that apply:**
- American Indian or Alaska Native
- Asian
- Black or African American
- Middle Eastern or North African
- Native Hawaiian and Other Pacific Islander
- White
- Other
- Prefer Not to Disclose

PI Demographics

<<Previous Next>> Save Print Cancel Exit

**Support Links**
- Grantmaker Website
- Program Guidelines
- Email to Program Admin
- Application FAQs

**Proposal Identifiers**
- Proposal ID: 1348843
- Tracking Number: Unassigned
- Grantor ID: Unassigned

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Award Institution & Contacts

The PI's current institution is pre-loaded as the Lead Institution. If different, please select below the institution where the PI will hold their full-time faculty position at the start date of this award. Select the new institution from the list below or search all registered institutions. Press the "Save" button to confirm selection.

Change Lead Institution

Click this button to change the Lead Institution.

- Division
- Department
- Address
  - Street
  - City
- State/Province
- Zip/Postal Code
- Country
- Phone
- Fax

If required institution information is missing or appears to be incorrect, please contact the following individual(s). They have access to the institution profile and can make the necessary updates. Click Save before completing the sections below.

*Signing Official

Enter email address

Confirm email address

Note: Click Save before completing the sections below.

Provide contact information for a signing official from your institution's grants office. If you are selected as an awardee, this individual will be contacted to review and sign your award contract. Their review and signature are not required at this time; however, they will receive an email notifying them that you identified them as a signing official for your application.

Select the signing official from the drop-down list of officials listed in your institution's profile or enter your desired contact's email address and click the "Add" button.

Proposal Identifiers

Proposal ID: 1348843

Tracking Number: Unassigned

Grantor ID: Unassigned
**Title (Applicant):**
Test (Klooswetter, Sarah)

**Deadline:**
9/12/2024 4:00:00 PM (U.S. Eastern Time)

---

**Abstract**
Provide a summary of the proposed project.

* Abstract
Type up to 2000 characters

---

**Study Population**
Describe and justify your study population in 1500 characters or less. As appropriate based on the type of investigation, include:
- Plans for including sex as a biological variable.
- The age, sex, racial and ethnic demographics of human subjects. For studies involving human data or biopspecimens, include demographics of the source population.
- The rationale for selecting a specific model system and lines thereof (for example, cell, organoid, or mouse lines).

* Study Population
Type up to 1500 characters

---

**Digestive Health Relevance Statement**
Describe the relevance of this research to human digestive health in 1250 characters or less. Investigators should describe how, in the short or long term, the proposed research would contribute fundamental knowledge and/or application of that knowledge to enhance digestive health or to reduce illness and disability among patients with digestive disorders.

* Digestive Health Relevance
Type up to 1250 characters

---

**Clinical Guideline Relevance**
Please leave blank if not applicable.
If your project addresses any evidence gaps highlighted in an AGA clinical guideline or clinical practice update, please cite the guidance document and briefly summarize those aspects of the investigation in your statement. You may use up to 1000 characters for this summary.

**NOTE:** Project relevance to clinical guidance evidence gaps is not used in the evaluation of applications.

* Clinical Guideline Relevance
Type up to 1000 characters
Human Subjects

If the proposed project is funded, a copy of the institutional approval must be provided to AGA prior to funds disbursement. If approval is not necessary, then the recipient must provide documentation from the appropriate regulatory committee.

* Does your project require institutional approval for the use of human subjects?
  - Yes
  - No

If yes, Status of Institutional Approval:
  - Approved
  - Pending
  - To Be Submitted
  - Exempt
  - Not Applicable

Vertebrate Animals

If the proposed project is funded, a copy of the institutional approval must be provided to AGA prior to funds disbursement. If approval is not necessary, then the recipient must provide documentation from the appropriate regulatory committee.

* Does your project require institutional approval for the use of animals?
  - Yes
  - No

If yes, status of institutional approval:
  - Approved
  - Pending
  - To Be Submitted
  - Exempt
  - Not Applicable
Other Support: Active and Pending Research

Add your existing and pending support by clicking the "Add" button below. For each entry, denote whether there is overlap with this application and provide a description of the overlap, when applicable. Please save each entry before closing to capture edits.

To add your entries, please click the "+" link and all entries previously saved in your Professional Profile will show. Please select the applicable support, and save. If the program allows for Key Personnel and they have granted you at least View access to their profile, you can select Other Support from their profile as well.

To add new Other Support entries, click the "Create New Other Support" button. By default, this entry will be added to your profile, unless the option "Add to Profile" is not selected. If you have Edit or Admin access to your Key Personnel’s profile, you can add new Other Support entries on their behalf to this application and update their profile as well.

No Other Support to report
Budget Period Detail

Budget

Complete a budget for the full term of the award and adhere to the guidelines noted below on allowable and unallowable costs.

This award is intended to support direct research-related activities and may be used to support a new endeavor or an ongoing basic or clinical research project.

The following expenses are allowable:
- Salary and benefits of the principal investigator (i.e., applicant).
- Salary and benefits of research assistants, laboratory technicians or other key personnel.
- Biostatistics support.
- Supplies, animals, equipment and/or other materials necessary for the proposed research.

The following expenses are not allowed:
- Indirect costs.
- Travel costs.

Budget Justification Narrative

A budget justification narrative must be submitted in conjunction with your budget. Guidelines and instructions are found in the budget justification template (Section 11: Download Templates & Instructions).

ENTER BUDGET AMOUNTS AND CLICK SAVE TO CALCULATE TOTALS.

<table>
<thead>
<tr>
<th>Period 1</th>
<th>Period 2</th>
<th>Copy Period 1 Forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date: 5/1/2025</td>
<td>End Date: 4/10/2026</td>
<td></td>
</tr>
</tbody>
</table>

Total Costs: $0.00
Total Direct Costs: $0.00

Period 1 Costs: $0.00
Period Direct Costs: $0.00

Personnel Costs

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<thead>
<tr>
<th>Name Role if Other was selected</th>
<th>Percent</th>
<th>Base Salary</th>
<th>Salary Requested</th>
<th>Fringe Benefits</th>
<th>Total</th>
</tr>
</thead>
</table>

SubTotal: Personnel Costs
$0.00
$0.00
$0.00

Research Expenditures: Please complete the Sections below.

Category

- Consultant/Contractor Costs
- Supplies
- Equipment

Description

Cost

$0.00

$0.00

$0.00

### Period 1

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<thead>
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<td>Period Direct Costs:</td>
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<td>SubTotal: Personnel Costs</td>
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#### Personnel Costs

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<th>Salary Requested</th>
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</table>

#### Research Expenditures

Please complete the sections below:

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</thead>
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<td>Supplies</td>
<td>$0.00</td>
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<tr>
<td>Equipment</td>
<td>$0.00</td>
</tr>
<tr>
<td>Inpatient/Outpatient Costs</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$0.00</td>
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<td>Travel</td>
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</table>

#### Sub Total: Non-Personnel Costs

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</tbody>
</table>

Max $100,000 total over two years.

### Budget Period Detail

- Previous
- Next
- Save
- Print
- Cancel
- Exit
### Budget Summary

Review your proposed budget.

Click on column header to edit detail.

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<thead>
<tr>
<th></th>
<th>Period 1</th>
<th>Period 2</th>
<th>Total</th>
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</thead>
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<td>(mm/dd/yyyy)</td>
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<tr>
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<td>(mm/dd/yyyy)</td>
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**Personnel Costs:**

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<th>Period 2</th>
<th>Total</th>
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**Research Expenditures:**

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<td>Equipment</td>
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<tr>
<td>Inpatient/Outpatient Costs</td>
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<td>Other Expenses</td>
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<tr>
<td>Travel</td>
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<td>$0.00</td>
</tr>
<tr>
<td>Subtotal: Non-Personnel costs</td>
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</table>

**Max $100,000 total over two years.**

### Budget Summary

#### Attach budget justification.

- **Attachment Description:**
- **Attachment Type:**
- **Upload File:** Choose File
- **No file chosen**

**Upload Attachment**
**Proposal Sections**

- Title and Eligibility Considerations
- Principal Investigator & Current Institution
- PI Demographics
- Award Institution & Contacts
- Key Personnel
- Project Information Overview
- Organization Assurance
- Other Support: Active and Pending Research
- Budget Period Details
- Budget Summary

**Download Templates & Instructions**

Download all templates and instruction files from this page. Completed templates are uploaded in Section 12: Required Uploads.

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**Support Links**

- Grantmaker Website
- Program Guidelines
- Email to Program Admin
- Application FAQs

**Proposal Identifiers**

- Proposal ID: 1348843
- Tracking Number: Unassigned
- Grantor ID: Unassigned
Required Uploads

Upload documents to your application by selecting the Attach Files button below.

Return to Section 6: Key Personnel to upload documents associated with key personnel (e.g., biosketches or letters of support). Entering them in Section 12 may leave required fields empty, and you will be unable to submit your application.

Attach Files

Current list of uploaded attachments are listed in the table below. Files that cannot be assembled for printing will be highlighted below.

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**Required** attachments that have not been uploaded are listed in the table below. **Optional** attachments that have not been uploaded are not shown.

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Download available instructions, templates & samples:

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<th>Download</th>
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Many grantees in ProposalCentral request or require that applicants submit their attachments as portable document format (.pdf). If your computer application does not provide an option to “Save As PDF”, you will need to use PDF generator software.
Enable Other Users to Access this Proposal

Access Permissions

This screen allows you to give other users access to this application. If electronic signatures are required for submission, signatories will need at least Edit access on this screen. To facilitate the process, the system grants that access automatically when the contact is added to the Application. If any of your signatories have trouble accessing their signature, please confirm their access level on this page.

Click help icon for more information.

Auto Notify: To enable your co-investigators, department or grants administrators to receive system notifications, add them with at least 'View' access below and check the box 'Auto Notify'.

Proposal Access Rights

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<td></td>
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<td><a href="mailto:skiesewetter@gastro.org">skiesewetter@gastro.org</a></td>
<td>Administrator</td>
<td></td>
</tr>
</tbody>
</table>

Save

Give User Proposal Access

User ID/Email

Enter the Email address or User ID of a registered proposalCENTRAL user and press the button to select.

Find User

Enable Other Users to Access this Proposal

<<Previous  Next>>  Cancel  Exit
Proposal To: American Gastroenterological Association
Program:  Fundenberg Research Award in Gastric Cancer
Sub Program:  
Title (Applicant): Test (Kossoviet, Sarah)
Deadline: 9/12/2024 4:00:00 PM (U.S. Eastern Time)

Contact Permissions

- I consent to receive emails from AGA on research awards and other updates via email or post.
  - Yes
  - No
AGA values your personal information and has processes in place to keep your details secure. Any parties that we may share your data with are obligated to do the same and will only use it to fulfill relevant services they provide you on our behalf. You can opt out at any time by contacting member@gastro.org.

- I consent to have my data shared with select AGA partners and third parties.
  - Yes
  - No
You can opt out at any time by contacting member@gastro.org.

- I have read and agree to AGA’s Privacy Policy.
  - Yes, I have read and agree to AGA’s Privacy Policy.
  - No, AGA’s Privacy Policy can be accessed at Privacy Policy

Contact Permissions

Support Links
- Grantmaker Website
- Program Guidelines
- Email to Program Admin
- Application FAQs

Proposal Identifiers
Proposal ID: 1346843
Tracking Number: Unassigned
Grantee ID: Unassigned
Proposal Sections

1. Title and Eligibility Considerations
2. PI Information Overview
3. Key Personnel
4. PI Demographics
5. Award Institution & Contacts
6. Organization Assurance
7. Budget Period Detail
8. Budget Summary
9. Other Support: Active and Pending Research
10. Required Uploads
11. Enable Other Users to Access Proposal
12. Contact Permissions
13. Signature Page
14. Validate
15. Submit

Support Links

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- Application FAQs

Proposal Identifiers

Proposal ID: 1348843
Tracking Number: Unassigned
Grantor ID: Unassigned

Proposal Tax: American Gastroenterological Association
Program: Funderburg Research Award in Gastric Cancer
Sub Programs:
Title (Applicant): Test (Kisewetter, Sarah)
Deadline: 9/12/2024 4:00:00 PM (U.S. Eastern Time)

Signature Page

Required and optional signatures for application submission are listed below. Each user must log into ProposalCentral and e-sign the application in order for the application to pass validation and be ready to submit.

Principal Investigator:
Signatory:
Kisewetter

Signing Official:

Before printing, please use the "validate" option (in the navigation menu to the left) to verify that you have entered all the required information.

After you complete all the proposal sections, click the Download button below to open and print the cover/signature pages and application files.

Download Application

You must have the FREE Adobe Acrobat Reader installed to view either of the above options.
Attention Apple/Mac users: The default Apple PDF viewer will not work properly.
Download the latest version of the Acrobat Reader from Adobe at http://www.adobe.com/products/acrobat/readme.html

<<Previous Next>> Cancel Exit
Proposal Sections

1. Title and Eligibility Considerations
2. Principal Investigator & Current Institution
3. PI Demographics
4. Award Institution & Contacts
5. Key Personnel
6. Project Information Overview
7. Organization Assurances
8. Other Support: Active and Pending Research
9. Budget Period Detail
10. Budget Summary
11. Download Templates & Instructions
12. Required Uploads
13. Enable Other Users to Access This Proposal
14. Contact Permissions
15. Signature Page
16. Validate
17. Submit

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Proposal Identifiers

Proposal ID: 1346843
Tracking Number: Unassigned
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American Gastroenterological Association
Funderburg Research Award in Gastric Cancer

Title (Applicant): Test (Kiosowetter, Sarah)

9/12/2024 4:00:00 PM (U.S. Eastern Time)

Validate

Click the 'Validate' button below to check for any missing REQUIRED information or files. All missing required information will be listed on the screen. Please correct any missing information before proceeding to the next step - SUBMISSION. Validating the proposal DOES NOT submit the application to the funder. You must proceed to the submission page and click the Submit button there to complete the process.
Proposal To: American Gastroenterological Association
Program: Funderburg Research Award in Gastric Cancer
Sub Programs: 
Title (Applicant): Test (Kravosvetz, Sarah)
Deadline: 9/12/2024 4:00:00 PM (U.S. Eastern Time)

Submit

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To submit your Proposal, please click the 'Submit' button below. You will be unable to submit if you have not provided all the required information. Any missing information will be listed on the screen. If your submission is successful, you will receive a confirmation message on the screen and a confirmation email from pcsupport@altum.com will be sent to the applicant. Please add pcsupport@altum.com to your safe senders list to ensure receipt of your submission.

Submit

Important Notice:
We recommended that you verify that the status of your application has changed to "Submitted". For best results, you should logout and close all ProposalCentral browser windows. Login and select the "Proposals" tab and select "Submitted" from the Proposal Status dropdown list. Once properly submitted, your application will no longer appear on your Home tab.