**New York County Psychiatric Society**

**Resident Research Grant Application**

**Instructions:** Please email completed form to [info@nycpsych.org](mailto:info@nycpsych.org) with “RFM Research Grant Application” in the subject line.

**Eligibility**: Applicants must be enrolled in a Psychiatry Residency Program in Manhattan or Staten Island and a Resident-Fellow Member of NYCPS.

**Requirements**: All approved projects will be required to turn in a final report upon completion. All projects lasting over 6 months will also be required to turn in a mid-point progress report. Funds are awarded on a rolling basis for the calendar year.

Applying for this grant does NOT preclude members from submitting their project for consideration for the NYCPS Resident Research Awards. NYCPS encourages members who apply for a grant to review the APA’s available grants and awards.

NYCPS Resident-Fellow Member and Medical Student Grants are to be issued directly to the individual grantee. All grant funds awarded are to be used exclusively for stated research purposes only. NYCPS prohibits institutional indirect costs or overhead to be taken out of grant monies.

**Name:**

**Mailing Address (where check will be mailed to):**

**Email:**

**Phone Number:**

**APA Number:**

**Residency Program & Year:**

**Name & Contact Info of Program Director:**

**Project Name:**

**Funds Requested (maximum of $2000): $**

**Total Project Cost: $**

**Start and End Date:**

**Proposal Summary (500 words or less):**

**Is this project part of a larger project? YES NO**

**If yes, please provide a brief explanation of the larger project (500 words or less):**

**Applicant Background (250 words or less):**

**Detailed Description of Project (3 pages or less):**

**Use of Funds (Budget):**

**Other Sources of Funding:**

**Timeline:**