

The American Association of Immunologists

Funding Confirmation Form Instructions

The Funding Confirmation Form (FCF) is intended to provide AAI with accurate documentation of your research funding portfolio for the indicated fiscal year. This information is used to determine your financial eligibility for several AAI programs. Please review the following instructions before you fill out the FCF to ensure that you provide correct and complete funding information. Any application submitted with an incomplete FCF will not be considered for award.

A filled-in sample of the "Research Support" portion of the FCF has been provided below for your reference:

Grant type/number	Funding organization	Funding period	Role (e.g., PI, co-PI)	Direct costs for 7/1/24-6/30/25 (in U.S. \$)
Ex 1: R01 AI16020	NIAID/NIH	9/5/20-8/31/25	PI	\$93,108
Ex 2: 156478913	NSF	2/5/22-5/8/25	Co-PI	\$8,034
Ex 3: 14PAI16114	Amer. Heart Assoc.	No-cost ext.	PI	\$42,548
Ex 4: Start-up Funds	University of XYZ	Unlimited	PI	\$82,548
Ex 5: 14SIC184	McIver's Cancer Trust	8/1/23-7/31/25	PI	\$0 (PI salary only)
Ex 6: Careers in Immunol Fellowship	AAI	9/1/24-8/31/25	PI	\$28,224
Total				\$254,462

Instructions:

- Under "Grant type/number," please list the names or numbers of all mechanisms of support individually, including federal, state or private grants; departmental support; startup funds; and other support. You must also list grants on which you are a coinvestigator and grants that are under no-cost extension. Please list both funding mechanisms that have allocations for direct costs (see Ex 1-4, 6

PI, co-PI, mentor, coordinator

- Under "Direct costs for 7/1/24-6/30/25, even if "0" dollars"
 - For grants operating under no-cost extension
 - For grants on which you are a coinvestigator

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(This form must be completed in its entirety and signed by the
Department Chair or Dean.)

See Funding Confirmation Form Instructions for helpful hints on filling in this form.
Please print legibly or type.

AAI Member ID: _____

Full Name/Degree: _____

Title: _____

Email Address: _____

Mailing Address: _____

Research Support: Please list all mechanisms of support individually including federal, state or private grants; departmental support; start-up funds; and other support. **Attach a second sheet if needed.** If a grant is under a no-cost extension, specify the amount of funding which remains. For grants on which you are a co-investigator, list only the funds allocated for your use. Please exclude funds dedicated to PI salary for each funding mechanism listed. If you have no funding, please state "none".

Information for each column must be filled out completely for each mechanism of research support in order

Direct costs for
7/1/24-6/30/25
(in U.S.\$)

Total

Department Chair/Dean Certification of Applicant's Funding Status

I hereby certify that the applicant is an independent faculty member engaged in full-time research and the information provided on this form is correct and complete.

Print Name of Department Chair/Dean

Signature: _____ Date: _____

AAI Member Number: _____ (If applicable)

Email Address: _____

Office Phone Number: _____

Applications missing complete information on research funding support will not be considered.