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 AI160-20	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:

1. Under "Grant type/number," please list the names or numbers of all mechanisms of support individually, including federal, state or private grants; departmental support; start-up funds; and other support. You must also list grants on which you are a co-investigator 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, coordina

5. Under "Direct costs for 7/1 from each funding mechar 6/30/25, even if "0" dollars

   a. For grants operating und

   b. For grants on which you

The American Association of Immunologists
Funding Confirmation Form

(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: _____

–

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 dedicatedf research support i

t o be considered.

Directlerece2 73 T-21.C

Grant type/number	Funding organization	Funding period	Role (e.g., PI, co-I)