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.

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Ex 1 : R01 AI160-20	NIAID/NIH	9/5/20-8/31/25	PI	۱ ، ۵ . ۵ ۱۵ ¢۵2 100
				\$93,108
Ex 2 156478913	NSF	2/5/22-5/8/25	Co-PI	\$8,034
<i>Ex 3</i> : 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

 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

- Under "Direct costs for 7/1 from each funding mechar 6/30/25, even if "0" dollars
 - a. For grants operating unc
 - b. For grants on which you

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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 for your application to be considered.*

Grant type/number	Funding organization	Funding period	Role	Direct costs for
			(e.g., PI, co-I)	7/1/24-6/30/25
				(in U.S.\$)

Total

Undergraduate Teaching: Please list the undergraduate courses that you are teaching for the 2024-25 academic year. List only ______. Attach a second sheet if needed.

Course	Semester	Student composition	Hours par wook
Course	Semester	•	Hours per week
		(% undergraduate)	

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 teaching and research, and the information provided on this form is correct and complete.

Signature:	Date:
AAI Member Number:	(If applicable)
Email Address:	
Office Phone Number:	