



LHF Grant Application Guidelines

The Lesbian Health Fund (LHF), a program of GLMA: Health Professionals Advancing LGBTQ Equality, was established in 1992 to define, study, and educate lesbians and sexual minority women, as well as their healthcare providers, about health issues facing lesbian and sexual minority women. LHF's mission is to improve the health of lesbians and sexual minority women and their families through investigation and research.

The Lesbian Health Fund has its next grant cycle planned for Fall 2018. Given the LGBTQ community has suffered numerous assaults to our rights over the last couple of years, this Fall cycle, the LHF Grant Committee will give preference to funding research focused on resilience and coping among lesbian and sexual minority women or girls, and their families. While special consideration will be given to proposals adhering to this theme, we welcome all proposals that address the following research goals:

- Understanding social, family, and interpersonal influences as sources of stress or support
- Eliminating inequalities in health care, including barriers to care, and improving quality of care and utilization rates
- Development and testing of interventions to address mental and physical health needs of lesbians and SMW, including but not limited to depression, identity related issues, eating disorders, substance abuse, obesity, cancer risks, cardiovascular disease, and sexually transmitted infections
- Sexual and reproductive health, including family & parenting issues

Please note, LHF will give **higher ranking** to proposals **that test hypotheses or evaluate research questions justified by the scientific literature**. In addition, LHF expects that all research proposals will contribute to increasing the **understanding of gender expression and measurement of gender expression**.

The deadline for receipt of application is December 31st, 2018 at 11:59pm Eastern.

Applications will be evaluated using the following 100-point scale:

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| • Research design | 40 Points |
| • Feasibility of accomplishing the project | 20 Points |
| • Investigators' qualifications | 15 Points |
| • Significance to the lesbian community | 15 Points |
| • Budget justification | 10 Points |

In general, the principal investigator is notified by mail approximately two months from the application deadline of its approval for funding. For this cycle, the maximum grant will be \$20,000 although grants can typically range from \$10,000 to \$20,000. Grant award checks will be made to the primary institution identified on the application cover page. You may not begin your proposed research until you have received funding from LHF. Grant money is NOT awarded for completed research or for projects in progress.

Interim and final reports are to be submitted by the principal investigator. Upon completion of the project the investigator will be expected to present the results at either the annual Women in Medicine conference or the Annual Conference of GLMA. Within six months of project completion, the investigator is expected to submit a manuscript to a peer-reviewed journal for publication. A copy of the manuscript is to be sent simultaneously to the LHF Program Manager at lhf@glma.org.

LHF Grant Application Format



1. Cover Page
2. Abstract of the Project in 500 words or less (This should be a word document.)
3. Detailed Plan of Project:
 - maximum of six double spaced typed pages
 - includes hypotheses, goals and specific objectives of the project, a brief discussion of relevant background information, the relationship of the proposed project to other work already accomplished in the field, methods, sample size calculation with power analysis, and the significance of the project to the lesbian community
4. Itemized Budget:
 - Supplies and expenses (eg, 10 interviews x 2 hours staff time per interview x \$15 per hour)
 - Justification for each expense (eg, Previous experience indicates that for every one hour of interview we need another hour of staff time for documentation, etc.)
 - Total amount requested for the project from Lesbian Health Fund
The Lesbian Health Fund does not cover personnel costs (salary and benefits) for the Investigators or indirect institution costs.
5. Study protocol as approved or submitted to the Institutional Review Board of the investigator's institution if animals or humans are involved in the project.

Those of you applying from institutions or are an international application without an Institutional Review Board, arrangements must be made for you to seek IRB approval from another investigator or institution OR must propose a valid and legal process that would serve as an alternative. If you are unsure how to proceed, please send an email to lhf@glma.org.

6. Curriculum Vitae of Principal Investigator (PI), Co-Investigator, and Faculty Supervisor if the PI is a student, and of any other project member mentioned by name in the application. If a faculty supervisor is involved, submit letter of support from that faculty member for supervising the project. Current LHF grantees may not participate in a new grant as PI or Co-Investigator until LHF receives their written Final Report.
7. Signed statement by the Investigator and, if applicable, by the Co-Investigator that:
 - all publications resulting from the research conducted from the award will acknowledge that the project was funded by the Lesbian Health Fund of GLMA
 - the abstract of the grant will be publicized with the names of the Principal and Co-Investigator if the grant is funded
8. Evidence of the primary institution's tax exempt status
9. Optional: *articles or publications of direct relation to the proposed project.*

Please number all pages, and send one copy of each item to the LHF Program Manager at lhf@glma.org. A single pdf is preferable, but the Abstract should also be in a word document. If you have any questions regarding thi process, feel free to call (202)-600-8037, or email lhf@glma.org.



Project Title

Amount Requested: _____ Fiscal Year: _____

IRB Status: _____

Principle Investigator

Name & Degrees: _____

Institution: _____

Social Security No: _____

Telephone (W): _____ Telephone (H) _____

Fax (specify W or H): _____ Email Address: _____

Mailing Address: _____

Co-Investigator

Name & Degrees: _____

Institution: _____

Social Security No: _____

Telephone (W): _____ Telephone (H) _____

Fax (specify W or H): _____ Email Address: _____

Mailing Address: _____

Primary Institution

Institution Name: _____

Contact: _____

Telephone: _____ Fax No.: _____

Email Address _____

Mailing Address: _____

Signatures

Investigator: _____ Date: _____

Co-Investigator: _____ Date: _____

Institution Officer: _____ Date: _____