



# AMERICAN HIPPO THERAPY ASSOCIATION, INC.

## AHA RESEARCH GRANT APPLICATION

### INSTRUCTIONS

*Complete all five areas of this application and follow the directions for submission. The application for research grant must be made prior to the implementation or data collection phase of your study.*

### APPLICATION INFORMATION

#### **I. CONTACT INFORMATION:**

- a. Names of principal investigators
- b. Mailing address
- c. Phone (work)
- d. Phone (home)
- e. Fax
- f. Email

#### **II. SPONSORSHIP**

- a. Name of organization(s) associated with principal investigators.
- b. Beginning date of project.
- c. End date of project.
- d. Location of project.
- e. Provide evidence of IRB approval.
- f. Describe risks involved.

#### **III. PROJECT DESCRIPTION**

##### **Introduction:**

- a. Title of project
- b. Clearly state the importance, significance and need for the study (include the value of this study for the public, hippotherapy or therapeutic riding community).
- c. Provide rationale of the study.
- d. Clearly state the purpose of the study.
- e. State the hypothesis.
- f. Clearly describe whether the study involves therapeutic riding, hippotherapy, educational/recreational, or sport riding and provide definitions of the type of intervention used.
- g. Provide references in the text for all aspects of the project

##### **Methods:**

- a. Clearly describe the target population, sampling method and estimated number of subjects.
- b. Describe materials to be used.
- c. Describe measures to be used for assessments and discuss validity and reliability with appropriate references.
- d. Completely describe the intervention (eg. Specific exercises while riding, equipment to be used, time subject to be on horse, professionals implementing the intervention, etc.). Description should be specific enough for replication by another researcher.
- e. Describe safety considerations used to minimize risks to subjects.

##### **Research design and anticipated statistics:**

- a. Discuss the design selection and any statistical procedures you plan to use to analyze the results and make a conclusion.

#### **IV. BUDGET**

- a. Give the approximate total cost of the project.
- b. Attach an itemized budget with detailed explanation of items.
- c. List other sources of revenue for the project and amounts anticipated or received.
- d. Support the need for AHA funds for this study, describing how you will use the \$1000 grant from AHA.

#### **V. SUPPORTING DOCUMENTATION**

- a. Please attach complete reference list including lit reviewed for this project.
- b. Please enclose two references which can support the quality of research of which the investigators are capable.
- c. Give name, titles, relationship to investigator, phone numbers.
- d. Evidence of current AHA and/or NARHA membership.
- e. IRB approval.
- f. Sign and date AHA disclosure and agreement form.

### **AHA RESEARCH GRANT DISCLOSURE AND AGREEMENT**

We hereby agree to submit a written summary of research to AHA including research findings and to acknowledge the support of AHA in any publications regarding this grant. We will provide to the AHA Research Committee copies of any publications. In addition, we will allow AHA to use information gained from this project to educate through publications, workshops, etc. AHA members, health care providers, insurance companies and the general public for the purpose of substantiating the efficacy of hippotherapy.

The AHA is not responsible for any misuse, whether illegal or not, of funds granted to any individuals or groups under this grant program. Further, grant recipients agree to hold harmless AHA for any loss of property, any accidents, any injury, or any negligence that may occur in the use of the granted funds. The AHA provides grant funds for research purposes only and does not specifically endorse the use of the funds by individuals or groups who are granted these monies.

Printed name of principal investigator:

Signature of principal investigator:

Date submitted:

Send five copies of this application to:

AHA Research Committee Chair  
Debbie Silkwood-Sherer PT, DHS  
1234 Grovenburg Road  
Holt, MI 48842  
[Silkw1d@cmich.edu](mailto:Silkw1d@cmich.edu)