

Membership Application

AIRI is a nationwide association of independent, not-for-profit research institutes conducting peer-reviewed basic and applied research in the biomedical and behavioral sciences.

SECTION 1: GENERAL INFORMATION

Contact Name:		
Contact Title:		
Institute:		
Street Address:		
City:	State:	Zip:
Institute's Phone:	Fax:	
Contact E-mail:		
Web Site:		Year Founded:

A. What is the Institution's mission/ principal activity?

B. What are the Institution's major research emphases?

1. _____
2. _____
3. _____
4. _____
5. _____

C. Is the Institution affiliated with another organization? Yes No

If yes, name of organization: _____
 Nature of affiliation: _____

D. What is the size of the governing board? _____ **What is the number of these appointed by affiliate?** _____
Does the Institution have an external science advisory panel? Yes No

E. Is the Institution tax exempt? No Yes; **please site IRS section & subsection:** _____
 The following must be attached with this application: 1) Bylaws; 2) Annual Report; 3) Articles of Incorporation; 4) most recent audited financial statements; and 5) any material describing nature of institution.

F. What is your Institution's total facility space: _____ square feet

G. What is the total number of staff employed directly by the Institution? _____
 Number of: _____ principal investigators _____ other scientific staff

H. Does your Institution receive competitive grants in its own name? Yes No

I. Do your investigators cite the name of your Institution on peer-reviewed publications? Yes No

J. Does your Institution have a for-profit subsidiary? Yes No

K. If your Institution conducts research outside of the U.S., please list the countries:

SECTION 2: FINANCIAL

Annual Revenue as reported on your most recent Form 990, line 12: \$ _____
(membership dues are based off of this number)

Fiscal year ending (month/year): _____

Total Research Budget
 Direct: \$ _____

Indirect: \$ _____

Federal negotiated indirect cost rate: _____%
 Based on _____ MTDC or _____ S&W

Indirect cost rate includes:
 _____ depreciation or _____ use allowance
 Based on Indirect Cost Principles _____ A-122
 or _____

Off-site rate _____%
 Clinical trial rate _____%
 Fringe benefit rate _____%

Direct research costs: grants _____%
 contracts _____%
 subcontracts _____%

Source of research funds (note: this must total 100%):

_____ NIH
 _____ NSF
 _____ ADAMHA
 _____ DOE
 _____ DOD
 _____ state government
 _____ private foundations/vol health agency
 _____ endowments/gifts
 _____ corporations
 _____ other federal, specify agency _____
 _____ other, specify if over 5% _____
 100% Total

SECTION 3: STAFF

PLEASE INDICATE FULL NAME, CREDENTIALS, TITLE, EMAIL, & PHONE::

Chief Administrator (V. Pres./CAO/COO/CFO/etc.): _____

E-mail: _____ Phone: _____

Chief Scientist (Director/CEO/President): _____

E-mail: _____ Phone: _____

Development: _____

E-mail: _____ Phone: _____

Facilities: _____

E-mail: _____ Phone: _____

Finance: _____

E-mail: _____ Phone: _____

Human Resources: _____

E-mail: _____ Phone: _____

Human Protection Admin: _____

E-mail: _____ Phone: _____

Information Technology: _____

E-mail: _____ Phone: _____

Public Relations: _____

E-mail: _____ Phone: _____

Purchasing: _____

E-mail: _____ Phone: _____

Research: _____

E-mail: _____ Phone: _____

Please E-mail in PDF all of the following: 1) application; 2) Bylaws; 3) Annual Report; 4) Articles of Incorporation; 5) most recent audited financial statements; and 6) if any material describing nature of institution.

Alternatively, you may mail your application packets to the AIRI Membership Chair:
 Vicki Shambaugh, Pacific Health Research Institute, 700 Bishop St, Suite 900, Honolulu, HI 96813;
 Phone: 808-524-4411; Email: vlshambaugh@phrihawaii.org.

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