

RESEARCH GRANT APPLICATION



AAID Research Foundation

211 East Chicago Avenue, Suite 750, Chicago, IL 60611

RESEARCH GRANT PROGRAM

I. Purpose

The American Academy of Implant Dentistry Research Foundation (AAIDRF) Research Grants Program is intended to provide limited support for meritorious dental implant research projects which include, but are not limited to, the following purposes:

- To conduct research which determines the feasibility of a larger research project. This may be described as the conduct of pilot studies of venture research.
- To develop and test new techniques and procedures.
- To carry out a *small* clinical or animal research project.
- To analyze existing data.

II. Eligibility

Investigators from any scientific discipline and at any stage of their career may apply for a grant. These awards are appropriate for new investigators and those changing areas of research or resuming research careers.

III. Terms and Conditions of the Award

The proposed project may be related to, but the aims must be distinctly different from, those of pending grant applications. The request may be used to supplement projects currently supported by Federal or non-Federal funds or to provide interim support for projects under review.

Applicants may request up to \$25,000 (total costs) for the entire budget to fund the project for up to a two-year grant period. Successful applicants who require additional time to perform the proposed research may request extensions of the grant period without additional funds. This grant is not renewable; however, grantees under this program are encouraged to apply for a regular Research Project Grant to a Federal agency, e.g., the National Institutes of Health, the National Science Foundation, the Veterans Administration, or the Department of Defense, to maintain continuity in their studies.

The Foundation reserves first right of refusal on all papers resulting from the approved/funded project.

IV. Application Procedure

Applications received by August 1 will be considered for award announcement at the AAIDRF Annual Meeting. Funding of approved projects will begin on January 1 of the following year. Please submit application to:

Afshin Alavi
AAID Research Foundation
211 E. Chicago Avenue, Suite 750
Chicago, IL 60611
Telephone: (312)335-1550
afshin@aaid.com

V. Allowable Expenses

Support may be requested for the following categories:

- Supplies
- Small items of equipment. **The purchase of large pieces of equipment will not be allowed.**
- Salary for technical and support personnel. Salary for the principal investigator and/or consultants will not be allowed.
- Indirect cost is not allowed.

VI. Review and Award

A special review committee of with representation from academic, clinical and research oral implantology will determine the overall quality and scientific merit of each research grant application. Applications will be evaluated in accordance with: the significance and scientific merit of the proposed project and its characterization as an innovative and/or pilot project that provides a basis for more extended research. Additional consideration will be given to the investigator's potential for carrying out the project, the time commitment of the investigator, the adequacy of the facilities and the adequacy of the justifications presented for budget requests.

The application will be recommended for approval or disapproval. If recommended for approval, it will be assigned a priority score. All applications will be forwarded to the Board of Directors of the AAIDRF for final approval.

For additional information, contact Afshin Alavi (address above)

AAID Research Foundation Grant Application

Instructions

1. Please read all related material prior to filling out the application.
2. The application must be completed by typewriter/word processor.
3. If additional space is required, follow the same format as the original application.
 - a. Use 8-1/2 x 11 white bonded papers
 - b. Place name at the top of each sheet and page number at the bottom
4. Abstract of research plan (page 4). Select 10 key words and underline them.
5. The budget estimate should be as detailed as possible, e.g., Kodachrome slides, 200 pictures @ \$1.00/slide-\$200. The proposal may not exceed \$25,000 for support from the Academy; however, support in lesser amounts are acceptable.
6. An explanation of the project should be as indicated below:
 - a. Specific Aims State concisely and realistically what the research described in this application is intended to accomplish and/or what hypothesis is to be tested. (Do not exceed one page.)
 - b. Significance Briefly sketches the background to the present proposal, critically evaluate existing knowledge, and specifically identify the gaps which the project is intended to fill. State concisely the importance of the research described in this application by relating the specific aims to longer term objectives. (Do not exceed one page.)
 - c. Experimental Design and Methods Discuss in detail the experimental design and the procedures to be used to accomplish the specific aims of the project. Describe the protocols to be used and provide a tentative sequence or timetable for the investigation. Include the means by which the data will be analyzed and interpreted. Describe any new methodology and its advantage over existing methodologies. Discuss the potential difficulties and limitations of the proposed procedures and alternative approaches to achieve the aims. Point out any procedures, situations, or materials that may be hazardous to personnel and the precautions to be exercised. (Although no page limitation is specified for this part of the application, make every attempt to be succinct.)

- d. Please give the sequence of events and time schedule of the proposed research in detail to include, e.g., preparation of animal receptor site, duration of implant, removal dates, analysis of data, completion time. Support may be up to two years.
- e. A complete bibliography should be included to substantiate your proposal.
7. A curriculum vitae should include all previous research experience, grant awards, publications, institutional appointments and affiliations. Please use the format indicated on the "Biographical Sketch" page.
8. All co-investigators and consultants should be listed and a complete curriculum vitae included. Please use the format indicated on the "Biographical Sketch" page. An outline of their role in the project should be defined on the budget Justification, page 6.
9. **The award recipient is required to send a progress report by December 31.**
10. **The award money will be distributed to the educational institution.**
11. **The project timeline must be submitted indicating the start and end dates of the project.**

AAID Research Foundation Grant Application

Title of Project: _____

Principle Investigator: _____

Name: _____

Address: _____

Telephone: _____

Private Practice Office Address: _____

University Affiliation: _____

Title: _____

% Full Time: _____ % Part Time: _____

Facility at which Project will be conducted:

Office _____ Hospital _____ University _____ Other Please Explain Below

Responsible Administrator: _____

Affiliation Tax Number: _____

PRINCIPAL INVESTIGATOR		
ABSTRACT OF RESEARCH PLAN		
KEY PROFESSIONAL PERSONNEL ENGAGED ON PROJECT		
NAME	POSITION TITLE	DEPARTMENT & ORGANIZATION
<p>ABSTRACT OF RESEARCH PLAN: State the application's long-term objectives and specific aims, making reference to the health relatedness of the project, and describe concisely the methodology for achieving these goals. Avoid summaries of past accomplishments and the use of the first person, the abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the applications. DO NOT EXCEED THE SPACE PROVIDED</p>		

VERTEBRATE ANIMALS INVOLVED? NO YES If "YES," identify by common names and underline primates.

PRINCIPAL INVESTIGATOR

**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY**

BUDGET CATEGORY TOTALS		1st BUDGET PERIOD <i>(from page 5)</i>	ADDITIONAL YEARS SUPPORT REQUESTED			
			2nd	3rd	4th	5th
PERSONNEL <i>(Salary and fringe benefits.) (Applicant organization only)</i>						
CONSULTANT COSTS						
EQUIPMENT						
SUPPLIES						
TRAVEL	FOREIGN					
	DOMESTIC					
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
ALTERATIONS AND RENOVATIONS						
CONSORTIUM/ CONTRACTUAL COSTS						
OTHER EXPENSES						
TOTAL DIRECT COSTS						
TOTAL FOR ENTIRE PROPOSED PROJECT PERIOD <i>(Also enter on page 1, item 8)</i>					\$	

JUSTIFICATION (Use continuation pages if necessary): Describe the specific functions of the personnel and consultants. If a recurring annual increase in personnel costs is anticipated, give the percentage, *for all years*, justify any costs for which the need may not be obvious, such as equipment, foreign travel, alterations and renovations, and consortium/contractual costs. For any additional years of support requested, justify any significant increases in any category over the first 12 month budget period. In addition, for COMPETING CONTINUATION applications, justify any significant increases over the current level of support-

BIOGRAPHICAL SKETCH

Give the following information for key professional personnel listed on page 2, beginning with the Principal Investigator/Program Director. Photocopy this page for each person.

NAME | TITLE | BIRTHDATE (Mo., Day, Yr.)

EDUCATION (Begin with baccalaureate or other initial professional education and include postdoctoral training)

INSTITUTION AND LOCATION	DEGREE (circle highest degree)	YEAR CONFERRED	FIELD OF STUDY

RESEARCH AND/OR PROFESSIONAL EXPERIENCE: Concluding with present position, list in chronological order previous employment, experience, and honors. Include present membership on any Federal Government Public Advisory Committee. List, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. **DO NOT EXCEED TWO PAGES.**

OTHER SUPPORT

(Use continuation pages if necessary)

For each of the professionals named on page 4, list, in three separate groups: (1) active support; (2) applications and proposals pending review or funding; (3) applications and proposals planned or being prepared for submission. Include *all* Federal, non-Federal, and institutional grant and contract support. If none, state "none." For each item give the source of support, identifying number, project title, name of principal investigator, time or percent of effort on the project by professional named, annual direct costs, and entire period of support. (If part of a larger project, provide the titles of both the parent project and the subproject and give the annual direct costs for each.) Describe the contents of each item listed. If any of these overlap, duplicate, or are being replaced or supplemented by the present application, delineate and justify the nature and extent of the scientific and budgetary overlaps or boundaries.

PRINCIPAL INVESTIGATOR

(1) ACTIVE SUPPORT:

PRINCIPAL INVESTIGATOR

Educational Institution
Tax ID Number:

Detailed explanation of Project. Please -follow the outline as described in Item 6 of the instructions. Use continuation pages as necessary. Please number each page at bottom and identify at top.