

<p>Research Grant Application</p> <p>American Shoulder and Elbow Surgeons 9400 W. Higgins Road, Suite 500 Rosemont, IL 60018-4976</p> <p><i>Follow Instructions Carefully</i></p>		<p>This Grant Application is a Resubmission?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
1. TITLE OF PROJECT			
<p>2. PRINCIPAL INVESTIGATOR INFORMATION <i>(See Page AA-1 For Co-Principal Investigator Information)</i></p>			
2a. NAME: (Last, First, Middle)		2b. DEGREES:	2c. POSITION TITLE:
2d. DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT:		2e. MAILING ADDRESS: (Street, City, State, Zip):	
2f. TELEPHONE: (Area code, number, extension)			
2g. E-MAIL:			
3. HUMAN SUBJECTS: <input type="checkbox"/> YES <input type="checkbox"/> NO 3a. If "YES", Exemption #: or IRB Approval Date: <input type="checkbox"/> Full IRB <input type="checkbox"/> Expedited Review		4. VERTEBRATE ANIMALS: <input type="checkbox"/> YES <input type="checkbox"/> NO 4a. If, "YES", IACUC IRB approval date: 4b. Animal Welfare Assurance #:	
5. DATES OF PROPOSED PERIOD OF SUPPORT: (MM/DD/YY) From: _____ Through: _____		6. COSTS REQUESTED FOR EACH YEAR: YEAR 1: _____ YEAR 2: _____	7. TOTAL COSTS REQUESTED:
8a. APPLICANT ORGANIZATION:		8b. Address:	
Name:			
9. DEPARTMENT CHAIR Name: Title: Street Address: City, State, Zip: Signature: _____ Date:		10. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION <i>(Administrative Official to be notified if Award is Made)</i> Name: Title: Street Address: City, State, Zip: Phone: E-Mail:	
11. PRINCIPAL INVESTIGATOR ASSURANCE: <i>I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application</i>		SIGNATURE OF PI NAMED IN 2a: <i>(In ink. "Per" signature not acceptable.)</i>	Date:
12. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: <i>I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with ASES terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to administrative penalties.</i>		SIGNATURE OF OFFICIAL NAMED IN 10: <i>(In ink. "Per" signature not acceptable.)</i>	Date:

13. CO-PRINCIPAL INVESTIGATOR INFORMATION		
13a. NAME: (Last, First, Middle)	13b. DEGREES:	13c. POSITION TITLE:
13d. DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT:	13e. MAILING ADDRESS: (Street, City, State, Zip)	
13f. TELEPHONE: (Area code, number, extension)		
13g. E-MAIL		
13h. SIGNATURE OF CO-PRINCIPAL INVESTIGATOR:		

14. FINANCIAL OFFICER INFORMATION
14a. FINANCIAL OFFICER
Name: _____ Phone: _____
Title: _____
Street Address: _____ E-mail: _____
City, State, Zip: _____
14b. SIGNATURE OF FINANCIAL OFFICER:

15. ADDITIONAL INVESTIGATOR INFORMATION
15. NAME AND SIGNATURE OF ADDITIONAL INVESTIGATOR(S) <i>(If Applicable)</i>
1). NAME: _____ SIGNATURE: _____
2). NAME: _____ SIGNATURE: _____

Please let us know which ASES Grant you are applying for.

- ASES Research Grant
- PJI Grant
- Candidate Research Grant

Check below all categories that relate to this project.

Number them 1, 2, 3 in order of relevance to the project - with 1 being the most applicable to the project, etc. This will enable ASES to report on the use of our grant funds.

- | | | |
|--|---|---|
| <input type="checkbox"/> General Individual Research
<input type="checkbox"/> Adult Spine
<input type="checkbox"/> Children’s Orthopaedics
<input type="checkbox"/> Foot & Ankle
<input type="checkbox"/> Hand & Upper Extremity
<input type="checkbox"/> Hip & Knee
<input type="checkbox"/> Oncology | <input type="checkbox"/> Shoulder/Elbow
<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Trauma
<input type="checkbox"/> Outcomes
<input type="checkbox"/> Clinical Science
<input type="checkbox"/> Biology
<input type="checkbox"/> Biochemistry | <input type="checkbox"/> Biomaterials
<input type="checkbox"/> Molecular Biology
<input type="checkbox"/> Microscopy
<input type="checkbox"/> Epidemiology
<input type="checkbox"/> Other |
|--|---|---|

ABSTRACT OF RESEARCH PLAN: Please provide a 100-word executive summary with 5 underlined phrases for planned project in the box below. State the application’s broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals at 6 and 12 month timelines. Avoid summaries of past accomplishments and the use of the first person. This description is meant to serve as a succinct and accurate description of the proposed work when separated from the application.
DO NOT EXCEED THE SPACE PROVIDED.

PERFORMANCE SITE(S) (*organization, city, state*) Indicate where the work described in the Research Plan will be conducted. If there is more than one performance site, list all the sites, including V.A. facilities and provide an explanation on the Resources page (HH) of the application.

KEY PERSONNEL. Use continuation pages as needed to provide the required information in the format shown below. Describe specific functions under justification on form Page EE.

<u>Name</u>	<u>Organization</u>	<u>Role on Project</u>
		Principal Investigator
		Co-Principal Investigator

Type the name of the principal investigator at the top of each printed page and each continuation page.

RESEARCH GRANT

TABLE OF CONTENTS

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Abstract, Performance Sites and Personnel.....3

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Biographical Sketch- Principal Investigator and Co-Principal Investigator (*Not to exceed two pages each*)..... 7 - ___

Other Biographical Sketches (*Not to exceed two pages for each.*) ___

Other Support ___

Resources ___

Research Plan

(Items a-d: not to exceed 10 pages)

- a) Specific Aims..... ___
- b) Background and Significance..... ___
- c) Preliminary Studies/Progress Report ___
- d) Research Design and Methods ___
- e) Human Subjects..... ___
- f) Vertebrate Animals..... ___
- g) Literature Cited..... ___
- h) Role of the Orthopaedic Surgeon ___
- i) Relevance of the Project to the Mission of ASES..... ___

DETAILED BUDGET FOR INITIAL BUDGET PERIOD	FROM	THROUGH
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PERSONNEL *(Applicant organization only)*

DOLLAR AMOUNT REQUESTED *(omit cents)*

NAME	ROLE ON PROJECT	% EFFORT ON PROJECT	SALARY REQUESTED	FRINGE BENEFITS	TOTALS
	Principal Investigator	0.0%			\$0
		0.0%			\$0
		0.0%			\$0
		0.0%			\$0
		0.0%			\$0
		0.0%			\$0
		0.0%			\$0

SUBTOTALS →	\$0	\$0	\$0
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PERMANENT EQUIPMENT <i>(Itemize)</i>	
CONSUMABLE SUPPLIES <i>(Itemize by category)</i>	
ANIMALS AND ANIMAL CARE	
ALL OTHER EXPENSES <i>(Itemize by category)</i>	
TOTAL COSTS FOR INITIAL BUDGET PERIOD <i>(Item 6, Face Page)</i> →	\$ \$0

BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD (From PAGE 5)	YEAR 2
PERSONNEL-Salary and fringe benefits. Applicant organization only.	\$0	
PERMANENT EQUIPMENT		
CONSUMABLE SUPPLIES		
ANIMALS AND ANIMAL CARE		
ALL OTHER EXPENSES		
TOTAL COSTS	\$0	\$0

TOTAL COSTS FOR ENTIRE PROPOSED PERIOD OF SUPPORT (Item 7, FACE PAGE)	\$ 0
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JUSTIFICATION: Follow the budget justification instructions in the ASES guidelines exactly. Use continuation pages as needed.

BIOGRAPHICAL SKETCH

*Provide the following information for the key personnel in the order listed on PAGE 3.
Photocopy this page or follow this format for each person.*

NAME	POSITION TITLE	BIRTHDATE

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education and include postdoctoral training.)*

INSTITUTION /CITY/STATE	DEGREE(S)	YEAR(S)	FIELD(S) OF STUDY

RESEARCH AND/OR PROFESSIONAL EXPERIENCE: Concluding with present position, list in chronological order previous employment, experience, and honors over the past 10 years. Provide a clear statement on your credentials and how they relate to this project. List, in chronological order, the complete references to all publications during the past three years and prior publications pertinent to this application. **DO NOT EXCEED TWO PAGES, INCLUDING PAGE 7.**

OTHER SUPPORT

There is no form page for *Other Support*.

Information on Other Support should be provided in the format shown below, using continuation pages.

Include the Principal Investigator's name at the top and number consecutively with the rest of the application.

Please list ASES first.

Format

NAME OF INDIVIDUAL		
<u>ACTIVE/PENDING</u>		
Project Number (Principal Investigator) Source Title of Project (or Subproject) The major goals of this project are...	Dates of Approved/Proposed Project Annual Costs	% Effort
<u>OVERLAP</u> (summarized for each individual)		

RESOURCES

FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Under "Other," identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.

CONTINUATION PAGE