

2017 OMS Foundation Research Support Grant Application

Oral and Maxillofacial Surgery Foundation

Application Instructions

Application Tips:

- Please link to and review the **revised** application guidelines prior to beginning your application.
- Please upload any required/requested attachments only in the format specified.
- Please note that character limits include spaces and punctuation.
- Please insert page numbers in uploaded documents that are more than one page.
- Your work is auto-saved every 100 characters or so. You can also use the save button to save your work as you go, and return to the application until you are ready to submit.
- It is recommended that you print a copy of your submitted application; however, you will also be able to view (but not edit) your application via the grant portal once it has been submitted.
- The deadline for application submission is **Saturday, July 15, 2017 at 11:59 p.m. CDT.**

Project Name*

Provide an abbreviated project name.

Character Limit: 250

Project Description

Full Project Title*

Indicate the title of your research project as you wish it to appear in all references to the project. Limit to 60 words.

Character Limit: 500

Summary Description of Project*

Please include a concise summary of the research project. Limit to 4,000 characters including spaces and punctuation.

Character Limit: 4000

Applicant Information

Applicant, are you the Primary Investigator?*

Yes

No

Primary Investigator Contact Information

If applicant is the PI, contact information has already been provided. If applicant is **not the PI**, please provide the PI's full name, title, full mailing address, telephone number and email.

Character Limit: 1000

PI Degrees Earned*

Please select all degrees earned.

DDS

DMD

MD

MS

MSD

PhD

Other PI Degrees Earned (if applicable)

Character Limit: 25

Primary Investigator OMS Foundation Donor and AAOMS Member Status

Please indicate if the PI is a 2017 donor of the OMS Foundation **and** a fellow or member of AAOMS. To verify current status, contact pgillespie@omsfoundation.org.

Yes

No

Co-PI Contact Information*

Please provide: full name, title, full mailing address, telephone and email.

If there is more than one Co-PI on the project, please provide the same information for additional Co-PIs in the sections provided below.

Character Limit: 1000

Co-PI Degrees Earned

DDS

DMD

MD

MS

MSD

PhD

Other Co-PI Degrees Earned (if applicable)

Character Limit: 100

Co-PI OMS Foundation Donor and AAOMS Member Status*

Please indicate if the Co-PI is a 2017 donor of the OMS Foundation **and** a fellow or member of AAOMS. To verify current status, contact pgillespie@omsfoundation.org.

Yes

No

Additional Co-PI Contact Information

If there is another Co-PI on the project, please provide: full name, title, full mailing address, telephone and email.

Character Limit: 500

Co-PI Degrees Earned

DDS

DMD

MD

MS

MSD

PhD

Other Co-PI Degrees Earned (if applicable)

Character Limit: 100

Co-PI OMS Foundation Donor and AAOMS Member Status

Please indicate if the Co-PI is a 2017 donor of the OMS Foundation **and** a fellow or member of the AAOMS. To verify current status contact pgillespie@omsfoundation.org.

Yes

No

Additional Co-PI Contact Information

If there is another Co-PI on the project, please provide full name, title, full mailing address, telephone and email.

Character Limit: 500

Co-PI Degrees Earned

DDS

DMD

MD

MS

MSD

PhD

Other Co-PI Degrees Earned (if applicable)

Character Limit: 100

Co-PI OMS Foundation Donor and AAOMS Member Status

Please indicate if the Co-PI is a 2017 donor of the OMS Foundation **and** a fellow or member of AAOMS. To verify current status contact pgillespie@omsfoundation.org.

Yes

No

Administrative Official to be Notified if Award is made*

Please provide full name, title, full address, telephone and email.

Character Limit: 500

Payment Information*

Please provide the following information to help us properly route the grant payment, if funded:

- Institution Name that the check should be made payable to, if funded.
- Full name and full address of the individual to whom the grant disbursement should be directed.

Character Limit: 1000

Primary Investigator Assurance Signature*

I agree to accept responsibility for the scientific conduct of the research project. Upload signature of Primary Investigator in jpeg or pdf format only. Please include the PI's printed name below the signature.

File Size Limit: 1 MB

Official Signing for Applicant Organization*

Include full name, title, full mailing address, telephone and email.

Character Limit: 1000

Certification and Acceptance*

I certify that the statements herein are true and complete to the best of my knowledge. Upload signature of Official signing for the applicant organization in jpeg or pdf format. Please include the Official's printed name below the signature.

File Size Limit: 1 MB

Budget and Budget Justification

Budget and Narrative for 12-month period of investigation*

Upload a budget for the 12-month period of the investigation. Include a narrative justification. Only items directly related to the project should be included in the budget. Refer to Section III of the guidelines for further details. Please address all items contained in guidelines.

File Size Limit: 2 MB

Biographical Sketches - Only current NIH format will be accepted

Provide a biographical sketch for the applicant and other key individuals who will be involved in the work. Limit each biosketch to a maximum of five pages for each individual. Follow the most recent NIH Biographical Sketch [format](#) **only** and upload in pdf format. The biosketch should have four sections: **Section A. Personal Statement**; **Section B. Positions and Honors**; **Section C. Contribution to Science**; **Section D. Research Support**. An example of a compliant biosketch can be found http://grants.nih.gov/grants/funding/424/SF424R-R_biosketchsample_VerC.docx. **Curriculum Vitae will not be accepted as a substitute for the biosketch, nor will earlier versions of the NIH biosketch.**

PI Biographical Sketch*

Please upload the PI's biographical sketch in **pdf format** using the current NIH template. Please include the PI's name in the file name. **Curriculum Vitae will not be accepted as a substitute for the biosketch, nor will earlier versions of the NIH biosketch.**

File Size Limit: 1 MB

Co-PI Biographical Sketch

Please upload the Co-PI's biographical sketch in **pdf format** using the current NIH template. Please use the Co-PI's name in the file name. **Curriculum Vitae will not be accepted as a substitute for the biosketch, nor will earlier versions of the NIH biosketch.**

File Size Limit: 1 MB

Additional Co-PI Biosketch

Please upload the Co-PI's biographical sketch in **pdf format** using the current NIH template. Please use the Co-PI's name in the file name. **Curriculum Vitae will not be accepted as a substitute for the biosketch, nor will earlier versions of the NIH biosketch.**

File Size Limit: 1 MB

Additional Co-PI Biosketch

Please upload the Co-PI's biographical sketch in **pdf format** using the current NIH template. Please use the Co-PI's name in the file name. **Curriculum Vitae will not be accepted as a substitute for the biosketch, nor will earlier versions of the NIH biosketch.**

File Size Limit: 1 MB

Additional Co-PI Biosketch

Please upload the Co-PI's biographical sketch in **pdf format** using the current NIH template. Please use the Co-PI's name in the file name. **Curriculum Vitae will not be accepted as a substitute for the biosketch, nor will earlier versions of the NIH biosketch.**

File Size Limit: 1 MB

Approvals and Institutional Support

Letter of Support*

The Director and/or Chief of the unit (e.g., department, service, laboratory) at the institution from which the application is submitted must endorse the proposal in writing stating the support of the unit and the institution for the proposed work. Please upload the letter of support here in **pdf format only**.

File Size Limit: 1 MB

Human Subjects or Vertebrate Animals*

Please indicate if your research project will involve the use of human subjects and/or vertebrate animals. Refer to important application guidelines for procedures to be followed for use of human or animal subjects.

Human subjects

Vertebrate animals

Human subjects and vertebrate animals

None

IRB and/or IACUC Approval Document

If your research project involves the use of human subjects and/or vertebrate animals, please upload the approval letter received from the certifying institution. Refer to application guidelines for further requirements.

File Size Limit: 1 MB

IRB and/or IACUC Approval Pending

If your research project involves the use of human subjects and/or vertebrate animals and you do not yet have IRB or IACUC approval documentation, please indicate where you are in the approval process. Please be sure to email the OMS Foundation at pgillespie@omsfoundation.org with your approval letter, once received. If a grant is awarded, funds will not be disbursed until all approvals are received. A copy of your approval letter will be attached to your application packet upon receipt.

I am awaiting approval from the certifying institution
I have not yet submitted for certification approval

Other Research Support

Other support refers to all funds or resources (Federal, non-Federal, institutional) available to applicant, P.I., or other key personnel in direct support of endeavors through research or training grants, cooperative agreements, contracts, fellowships, gifts, prizes and other means. Describe all currently active support and all applications and proposals pending review or award, whether pertinent to this project or not. If support is part of a larger project, list the other P.I.(s). State "None" if individual has no active or pending support. If you have received other support include:

- Source Name and ID number (if assigned)
- P.I. Name, project title, project role and % effort
- All individuals who participate in the scientific development or execution of the project
- Dates and costs of project
- Dates and costs of current year
- Specific project aims
- Scientific and budgetary overlap with OMS Foundation submission
- Budgetary and project adjustments you will make if funded

Character Limit: 7000

If you have additional "Other Research Support" than space permits, please email the additional information as requested above to pgillespie@omsfoundation.org.

Commercial Relationships

If the applicant has an ownership or an economic or financial relationship with a commercial organization that is involved with products related to the research described in the application, a signed and dated statement concerning such a relationship must be provided with the application. Limit to one page and **upload in pdf format.**

File Size Limit: 1 MB

Resources and Environment

Describe the personnel, facilities and equipment available to the applicant including laboratory, clinical, animal, computer, administrative and scientific. Refer to guidelines for further instructions. Limit to one page.*

Character Limit: 3400

Research Plan for the Proposed Project

Research Plan*

Share your research plan **including the literature citations**. Limit to ten pages and upload in pdf format. Please number each page. Additional pages may be submitted for procedures to be followed for use of human or animal subjects, if applicable. Refer to guidelines on "IRB and IACUC Approval" for further details. The following sections must be included:

- A. Title of Project, Principal Investigator (and Co-PIs as appropriate) and Performing Institution
- B. Hypothesis and Specific Aims
- C. Background and Significance
- D. Preliminary Studies and Previous Studies by the applicant(s) related to the proposed work
- E. Experimental Design and Methods
- F. Literature Cited. All literature should be cited in the text by author(s) and year
- G. Procedures to be followed for use of human or animal subjects, if applicable

File Size Limit: 5 MB