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# APPLICATION INSTRUCTIONS

## CRANIOFACIAL RESEARCH GRANTS

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### **Komedyclast Mission**

Komedyclast, a 501(c)(3) non-profit organization, provides a unique approach to the international care of children afflicted with congenital craniofacial anomalies. Komedyclast conducts surgical missions to Lima, Peru for (a) the treatment of pediatric patients; (b) the training of local plastic surgeons; and (c) the development of a craniofacial surgery Center of Excellence to serve as a training and treatment referral center for South America. Komedyclast is a strong supporter of clinical and basic science research that strives to elucidate mechanisms of craniofacial pathogenesis and develop strategies to treat resultant craniofacial anomalies.

### **Application Guidelines**

To facilitate your completion of this application and ensure success, the Komedyclast Research Grant Committee offers the following suggestions:

**Purpose** – Perhaps the most important information you can provide is a statement of the clinical relevance of the project. List your hypothesis and specific aims.

**Background** – State your understanding of the available knowledge pertaining to the subject. Include your critical analysis of past deficiencies. If you have preliminary data of your own, include it here.

**Methods** – Clearly identify how you are going to do what you want to do. For human subject review, state what safeguards you selected (patient permission forms, etc.), or use guidelines established by nearby medical schools or those of your own hospital).

**References** – List three to five pertinent references detailing techniques or previous investigations.

**Facilities** – Tell us where you are going to perform these studies and your affiliated academic institution.

**Budget** – Investigators will be funded up to \$5,000 by Komedyclast. A comprehensive budget must be submitted with the proposal and include costs of supplies, animal care and testing expenses. The Grant Review Committee, appointed by Komedyclast and the ASCFS, will determine the number of award recipients and dollar amounts granted.

**Komedyclast and ASCFS do not pay for indirect or administrative costs.**

**Other Support** – Your proposal is strengthened if you have parallel support for items not readily funded by Komedyclast, but this is not necessary for success.

**Collaboration** – Proposals with appropriate basic science collaboration are usually strengthened. Letters documenting such collaboration should be submitted.

**Previous Experience** – Not a prerequisite. A solid proposal will receive equal consideration without prior research experience. However, if you do have a research background, do provide details.

**Human or Animal Research Protocol** – Your grant application must be submitted for review by your animal utilization or human subjects research committee, and comply with your Institution's regulations. Please include IRB/IACUC approval letters from your animal, human or biosafety review boards if available at the time of submission of the Application. These letters *must* be on file in the Komedyclast Executive Office within 90 days of award notification to avoid forfeiture of the grant.

### **Responsibility of Investigators**

**Eligibility** – Principal Investigators must be a Plastic Surgeon, MD, DO, or PhD working in plastic surgery. Only ONE project will be funded per investigator.

**Sponsor** – Principal Investigators who are not an Active or Candidate Member of ASPS or ASCFS (i.e., Residents/Fellows) and non-members are required to have sponsorship of an Active Member or Candidate Member of ASPS or ASCFS.

**Project Timeline** - Projects should be completed within the 12 months following the receipt of the award. Komedyclast is required by the IRS to document the appropriate disbursement of funds, as well as maintain progress reports on the funded programs. To assure we meet this obligation, award recipients will be required to provide mid-project and final progress reports.

**Failure to comply will result in the inability to be considered for future awards.**

**Acknowledgement** - As in all cases of funding, it is necessary to acknowledge Komedyclast grant support in any oral or written presentations and on all publications resulting from this work.

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**Using a 12 point font and 1 inch margins, limit the application to the space/pages identified in these guidelines.** DO NOT change the sequence of sections in the Application. Applications disregarding either this space limit or sequencing will **NOT** be reviewed, and will **NOT** be returned to the applicant.

**Purpose of the Project** – Briefly explain your hypothesis/hypotheses and specific goals. Describe the clinical relevance of the project. **Limit to 1/2 page.**

**Background** – Concisely summarize your understanding of previous work pertinent to your proposed study. Include, when applicable, your past experience in this field and preliminary data. Cite references sparingly and parenthetically within the text. **Limit to 1 page.**

**Methods** – Describe in detail how you plan to conduct your study. Include a description of the experimental model and design, subject selection, planned statistical methods, analytical techniques, etc. Also, define (where applicable) your mechanism for reviewing the safety of clinical investigations involving human subjects. If your project involves the use of animals, briefly substantiate your search for the most appropriate animal models, and the belief that in vitro research alone could not achieve the goal without the use of animal surgery. **Limit to 1 page.**

**References** – List five to seven pertinent references that detail techniques or previous investigations. **Limit to 1/2 page.**

**Facilities** – In what institution/laboratory will these studies be conducted? Describe these facilities. The facilities must coincide with the place where you will be located for the twelve month period following granting of the award. **Limit to 1/2 page.**

**Budget** – Please itemize the specific supplies necessary to accomplish the specific aims. Budget expenses can be used for materials, supplies, and reasonable laboratory/imaging costs. Travel expenses, publication expenses, salaries, consulting expenses, construction and institutional indirect costs will not be funded. **Please TOTAL and enter amount on Cover Page of this application. Limit to 1/2 page.**

**Other Financial Awards** – List all other sources of funds currently available or pending for the project. Include both sources and amounts. If other sources are available, please provide salaries, and costs for capital equipment or supplies. Please disclose any potential financial interest conflicts. **Limit to 1/2 page.**

**Collaboration** – List (where applicable) basic scientists or other consultants you will turn to for collaborative assistance. What is their role? In addition, please state whether your project is similar to, or an extension of, a previously funded PSEF grant. If so, briefly describe the previous project and the differences between that and the current project. **Limit names to 1/2 page. ATTACH a letter of support from each collaborator.**

**Previous Research Experience** – Describe your prior investigative experience. Please indicate any grants received in the past. In addition, please state whether your project is similar to, or an extension of, a previously funded grant. If so, briefly describe the previous project and the differences between that study and the current project. **Limit to 1/2 page.**

**Biographical Sketch - ATTACH** a 2-page NIH-formatted bio-sketch of the Primary Investigator identified on the first page of the Application.

**APPLICATIONS NOT MEETING THE FORMAT AND CONTENT GUIDELINES IDENTIFIED ABOVE WILL NOT CONTINUE IN THE REVIEW PROCESS.**

**Return 15 copies** of this Application, including your 2-page bio-sketch, IRB/IACUC or Bio-safety approval letters, and letters from collaborators identifying their role in the project collated with each Application.

**Secure each Application packet together with binder clips - DO NOT STAPLE.**

Send to:

**Chairman  
Komedoplast Research Grant Committee  
American Society of Craniofacial Surgeons  
444 East Algonquin Road  
Arlington Heights, Illinois 60005**

Questions? Comments? Contact Lorraine O'Grady and the Komedoplast Research Grant Committee at logrady@prri.com or 847-228-3338

**Applications will be reviewed promptly.  
We are unable to provide any information on status of grants prior to May 1, 2011.**

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## CRANIOFACIAL RESEARCH GRANTS

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### 2011 Komedylplast Craniofacial Research Grant Application – Cover Page

(Please complete this form and attach it to your application)

Principal Investigator: \_\_\_\_\_ ASPS ID# \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**It is the responsibility of the Principal Investigator to notify the Komedylplast Executive Office if the above information changes following submission of the Application, or during the grant-year, if the Application is funded.**

Status:  Private Practice  Resident/Fellow  Full-Time Academic Practice

Academic Rank: \_\_\_\_\_

Grant Title (60 characters maximum): \_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

**Certification:** By signing this application, I certify that use of human and animal subjects for this research complies with the guidelines of my Institutional Review Board and Animal Utilization Committees, and that this protocol has been approved by the local Institutional Review Boards for experimental/clinical research. **Each applicant must include the appropriate human subject, animal care, or biosafety approval documentation from the correspondent IRB.**

**Ethics Statement:** I hereby certify that this project will be conducted under the ethical standards and research policies currently existing in the Institution where the research will be conducted. If the sponsoring Institution does not have such a policy, I will adhere to the standards relating to the ethics in research proposed from time to time by the Public Health Service and the National Science Foundation. I further understand that violation of such standards could subject me to sanctions by the Institution where the research will be conducted and/or by the American Society of Plastic Surgeons.

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Investigator (please print) \_\_\_\_\_ Date \_\_\_\_\_ SS# \_\_\_\_\_

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Investigator Signature \_\_\_\_\_ Employer Tax ID# \_\_\_\_\_

**Sponsorship:** Principal Investigators who are not Active Members or Candidates for Membership of the ASPS, ASCFS, (e.g., Research Fellows/Resident), are required to have sponsorship from an ASPS Active Member or Candidate for Membership. Please ask your Sponsor to sign below, and answer the questions that follow. By signing the Application, the Sponsor is agreeing to ensure that the Fellow or Resident will be available to carry out the proposed research.

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Sponsor (please print) \_\_\_\_\_ ASPS ID# \_\_\_\_\_

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Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

How long will Resident/Fellow be available to carry out these studies under your Sponsorship? \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

What % of the Resident's/Fellow's time will be "protected" to do this research? \_\_\_\_\_

**This is Page 1 of your Application – Please attach this page to EACH copy of the submitted Application**