



# Maxillofacial Surgeons Foundation

## Research Grant Application - 2021

*Sponsored by:* Maxillofacial Surgeons Foundation

*In cooperation with:* American Society of Maxillofacial Surgeons

*Funded by an unrestricted educational grant from DePuy - Synthes CMF*

*In honor of:* Dr. Bernd Spiessl

All Grants are required to recognize ASMS as a source of funding in any publications or presentations that result from the research.

### INSTRUCTIONS FOR SUBMITTING RESEARCH GRANT APPLICATION

**Mail or email the completed application along with your current Curriculum Vitae to:**

Maxillofacial Surgeons Foundation  
Research Grant Application  
500 Cummings Center, Suite 4400  
Beverly, MA 01915  
Fax: (978) 524-8890  
Email: logrady@prri.com

**APPLICATION DEADLINE: Monday, September 30, 2021**

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Applications will be reviewed and notices will be sent in mid October and the awards will be presented at the ASMS Annual Business Meeting on Sunday, October 31 in Atlanta. Winners or a representative must be in attendance to receive the grant.

*\*If your address or other pertinent data changes after receiving a grant, be certain to notify the ASMS Office. \**

*To facilitate your completion of this form and insure success, the Research Grant Committee offers the following suggestions:*

**ELIGIBILITY:** All members of American Society of Maxillofacial Surgeons (ASMS) are eligible for research awards. Residents or research fellows are eligible to apply if the primary investigator of the project is an active ASMS member who provides a letter of sponsorship for the application. **NOTE:** Please use the forms provided so that we may standardize the application process.

**Research funded by the Maxillofacial Surgeons Foundation should be directed to the areas of: biology of bone healing, craniofacial growth and development, facial injury, head and neck cancer, reconstruction, and fixation and implant technology.**

**PURPOSE:** The most important information you can provide is a statement of the problem you are addressing and how you propose to solve it.

**BACKGROUND:** A concise summary of previous works should be provided. The available knowledge pertaining to the subject should be briefly reviewed. A critical analysis of past deficiencies should be presented. Preliminary data should be included if available.

**METHODS:** A brief summary of exactly how the experiment is to be performed should be provided. If human subjects are to be involved, the safeguards selected, patient permission forms, or guidelines established should be summarized. Specifically state if you have obtained approval from your IRB (Institutional Review Board) and/or ARC (Animal Research Facility).

#### **CHALLENGES AND LIMITATIONS**

Potential challenges and limitations of your study and your proposed solutions.

**REFERENCES:** Three to five pertinent references detailing techniques or previous investigations should be listed.

**FACILITIES:** The location where the studies will be performed should be listed.

**OTHER SUPPORT:** The proposal is strengthened if parallel support of items not readily funded is provided. However, additional support is not necessary for success. State if an ASMS grant was previously obtained for a similar project or if this is a requested extension of an ASMS funded project.

**COLLABORATION:** Proposals with appropriate basic science collaboration are usually more convincing.

**PREVIOUS EXPERIENCE:** This is not a prerequisite. A solid proposal will receive equal consideration without prior research experience. If you do have research background, indicate this in the application.

**TIME TABLE OF FUNDING:** Awards will be made effective January 1 of the following year. The period of funding support is for the twelve months following the receipt of the grant. Grants are made to an individual with awards (checks/payment) being made to an institution. *If you require a check payable to an individual, written explanation and completed W-9 Form will be required; awards will be reported to the IRS.*

**REPORTING:** The Maxillofacial Surgeons Foundation (MSF) is required by the IRS to document the appropriate disbursement of funds as well as maintain reports on the funded programs. To assure that we meet this obligation, award recipients will be expected to provide quarterly written progress reports describing financial disbursement, and research progress. The final progress report should list publications resulting from the study as well as additional grant proposals you have submitted, or support you have received because of this research funding.

**AWARDS GRANTED:** The Research Committee will determine the number of award recipients and the dollar amount granted. You will be expected to submit a one page summary of your research project due 1 year from the time funding is received. This should include research process, presentations and publications achieved from the ASMS grant funding.

# MAXILLOFACIAL SURGEONS FOUNDATION RESEARCH GRANT APPLICATION

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Institution or Affiliation

\_\_\_\_\_  
Co-Investigator

\_\_\_\_\_  
Institution or Affiliation

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**\*If there is any change in the above information, please notify the ASMS Office.\***

**Status:**  Private Practice     Full-time Academic Practice     Resident/Fellow

\_\_\_\_\_  
Sponsor (*An ASMS member must sponsor a Resident/Fellow/Non-Member applicant*)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
**Grant Title**

## **PURPOSE OF PROJECT**

Briefly (1 -3 sentences) explain the aim of the project. Include a statement of the clinical problem which stimulated you to pursue this investigation.

## **BACKGROUND**

Summarize concisely (one half page) your understanding of previous work pertinent to your proposed study. Include, when applicable, your own past experience and preliminary data. Cite references sparingly and then only parenthetically within the text, e.g., (Smith, 1996):

## **REFERENCES**

List three to five pertinent references detailing techniques or previous investigations:

## **METHODS**

Describe with precision (1 page) how you plan to carry out this study. Include a description of the experimental model, the experimental design, patient selection, how results will be evaluated, etc. Also define, where applicable, your mechanism for reviewing safety of clinical investigations involving human subjects.

## **CHALLENGES AND LIMITATIONS**

State concisely ( ¼ page) potential challenges and limitations of your study and your proposed solutions.

## **BUDGET (Please itemize budget items)**

Ask only for what is needed to accomplish this purpose. Average awards fall within the range of \$5,000 to \$7,500. Budgets exceeding \$10,000 will not be considered. Funds are to be used for **direct expenses only** and are not for supporting salaries of any kind, travel, or capital equipment purchases in excess of \$1,000.

**FACILITIES**

In what institution or laboratory will the studies be carried out? Describe the facilities. (The facilities must coincide with the place where you will be located for the twelve months following the award.)

Evidence Based Medicine (EBM) level of your study (1 to 5): \_\_\_\_\_

**OTHER FINANCIAL AWARDS**

List all other sources of funds current or pending for this project or for closely related studies. Include both source and amount. If other sources provide salary or capital equipment, please specify.

**PREVIOUS ASMS FUNDING**

List any previous ASMS funding for earlier stages of this project or for projects of a similar nature. Please state if no previous ASMS funding has been obtained for related work.

**PREVIOUS RESEARCH EXPERIENCE**

Describe your prior investigative experience (attach curriculum vitae).

**COLLABORATION**

List where applicable, basic scientists or other consultants which you will turn to for collaborative assistance. Please define their role in supporting letters from your collaborators.



**CERTIFICATION**

By signing this application, I certify that the use of human and animal subjects for this research complies with the guidelines of my institutional review board for experimental and clinical research. A copy of the institutional review board approval can be included.

**ETHICS STATEMENT**

I hereby certify that the above 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 espoused from time to time by the Public Health Services and 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 ASMS. I also agree to acknowledge ASMS in all publications or presentations arising from this project, if funded.

Upon receipt of an ASMS Grant, we agree to recognize ASMS in any presentations and publications that are a direct result of use of these funds.

In addition, we agree to forward to the ASMS Administration a copy of publications that are a direct result of the ASMS grant funds. Researchers that submit proof of publication of funded research will be considered strong candidates for future applications to ASMS grant funding.

\_\_\_\_\_  
Investigator (please print)

\_\_\_\_\_  
Social Security Number of Investigator

\_\_\_\_\_  
Signature

**SPONSORSHIP**

Research grants are awarded to Members of the American Society of Maxillofacial Surgeons; Members of the American Society of Plastic Surgeons if sponsored by an ASMS Member; and plastic surgery and oral surgery Residents or Research Fellows working in the ASMS sponsor member’s lab. All sponsors must sign below. Residents and Fellows, please ask your sponsor to answer the question that follows as well.

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date

How long will the Resident or Fellow be able to carry out these studies under your direct supervision?  
\_\_\_\_\_

**PAYMENT**

Grant should be made payable to:

\_\_\_\_\_  
Institution Name (or Your Name)

\_\_\_\_\_  
Federal Tax ID#

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