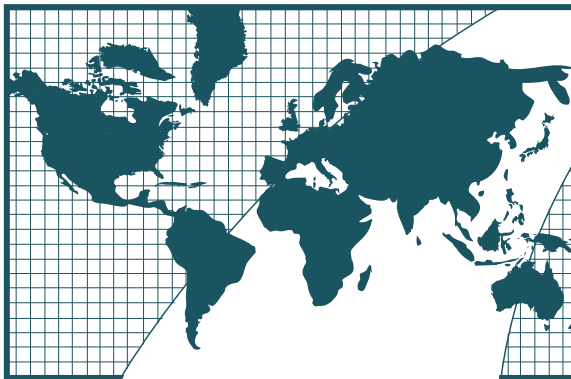




IDREF

APPLICATION

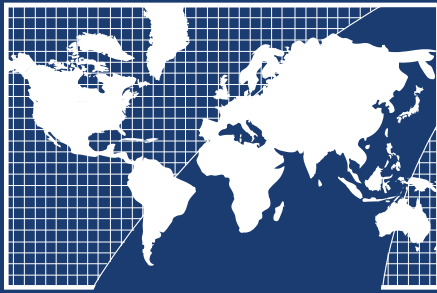
for Implant Dentistry Research
& Education Foundation
RESEARCH GRANT



I D R E F

IDREF is a division of the
International Congress of
Oral Implantologists





I D R E F

Implant Dentistry Research & Education Foundation

55 Lane Road, Suite 305,
Fairfield, New Jersey 07004 U.S.A.
Phone: (973) 783-6300 Fax: (973) 783-1175

APPLICATION (To be completed by principal investigator)

REMINDER: THE INVESTIGATOR/DEPARTMENT CHAIRPERSON/INSTITUTIONAL AUTHORIZATION FORM FOLLOWS ON THE NEXT PAGE AND MUST BE COMPLETED IN FULL.

Date:

\$ _____ Total Amount Requested (for April 1, 20 _____ through March 31, 20 _____).

Title of project:

This request is made by the undersigned who also agrees to comply with the following:

It is understood and agreed to by the applicant: (1) that funds granted as a result of the request are to be expended for the purposes set forth herein; (2) that the grant may be terminated in whole, or in part, at any time, by the Implant Dentistry Research and Education Foundation but that such termination shall not affect obligations made pursuant to the approved application prior to the effective date of such termination; (3) that all reports of original investigations supported by any grant made as a result of this request shall acknowledge such support provided by the Implant Dentistry Research and Education Foundation; (4) that the applicant will request that the project be revised whenever the approved plan of operation, or method of financing, is materially changed; (5) that any invention arising out of the activities assisted by this grant will be promptly and fully reported to the Implant Dentistry Research and Education Foundation; (6) that where the grant activity results in a book or other copyrightable material, the author is free to copyright, but the Implant Dentistry Research and Education Foundation reserves a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, translate, or otherwise use and to authorize others to use, all copyrightable or copyrighted material resulting from the grant-supported activity; (7) that reports will be made as required and necessary records and accounts, including financial and property controls, will be maintained and made available to the Implant Dentistry Research and Education Foundation.

Principal investigator name: _____

Co-principal investigator name: _____

Institution name: _____

Check below the implant dentistry peer review area which applies to your project.
The Foundation reserves the right of final allocation of application to the appropriate peer review committee.

Research Awards (check all appropriate items):

- | <u>Topics</u> | <u>Discipline</u> |
|--|--|
| <input type="checkbox"/> Basic Science | <input type="checkbox"/> Biology |
| <input type="checkbox"/> Implant Design | <input type="checkbox"/> Biochemistry |
| <input type="checkbox"/> Implant Interface | <input type="checkbox"/> Biomechanics |
| <input type="checkbox"/> Prosthetic Design | <input type="checkbox"/> Biomaterials |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Molecular Biology |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

FOR IMPLANT DENTISTRY RESEARCH AND EDUCATION FOUNDATION USE ONLY:

Primary Reviewer Assigned: _____ Secondary Reviewer Assigned: _____

Implant Dentistry Research & Education Foundation

55 Lane Road, Suite 305, Fairfield, New Jersey 07004 U.S.A.

Phone: (973) 783-6300 Fax: (973) 783-1175

INVESTIGATOR/DEPARTMENT CHAIRPERSON/INSTITUTION AUTHORIZATION TO SUBMIT APPLICATION

COMPLETED APPLICATION MUST BE RECEIVED NO LATER THAN DECEMBER 31st

• **PRINCIPAL AND CO-PRINCIPAL INVESTIGATOR INFORMATION:**

PRINCIPAL INVESTIGATOR:

Name: _____ Signature: _____

Title: _____ Phone #: _____

Department: _____ Fax #: _____

Address: _____ E-mail: _____

CO-PRINCIPAL INVESTIGATOR (if applicable):

Name: _____ Signature: _____

Title: _____ Phone #: _____

Department: _____ Fax #: _____

• **DEPARTMENT CHAIRPERSON INFORMATION:**

Name: _____ Signature: _____

Title: _____ Phone #: _____

Department: _____ Fax #: _____

• **OTHER INVESTIGATORS ASSOCIATED WITH PROJECT:**

Name: _____ Signature: _____

Title: _____ Department: _____

Name: _____ Signature: _____

Title: _____ Department: _____

Fax #:

• **FINANCIAL OFFICER INFORMATION:**

Name: _____ Phone #: _____

Title: _____ Fax #: _____

Address: _____

Mailing Address for Check: _____

• **NAME OF INSTITUTION:** _____

Signature of official authorized to sign for institution: _____

BUDGET FOR ENTIRE PROJECT

SALARIES AND WAGES <i>(list all personnel for whom money is requested)</i>	% of time on this project	<i>(omit cents)</i> COST

Fringe Benefits: _____ % of Salaries and Wages

Subtotal: _____

Salaries and Wages plus Fringe Benefits

Subtotal: _____

PERMANENT EQUIPMENT <i>(justification required)</i>	COST

Subtotal: _____

CONSUMABLE SUPPLIES <i>(exclude animals and animal care)</i>	COST

Subtotal: _____

ANIMALS AND ANIMAL CARE	COST

Subtotal: _____

ALL OTHER EXPENSES	COST

Subtotal: _____

Total Direct Costs: _____

BIOGRAPHICAL SKETCH

Principal Investigator / Other Investigators

Give the following information for key professional personnel listed on page 2 beginning with the Principal Investigator.

Photocopy this page for each person.

Name: _____

Title: _____ Birth Date: _____

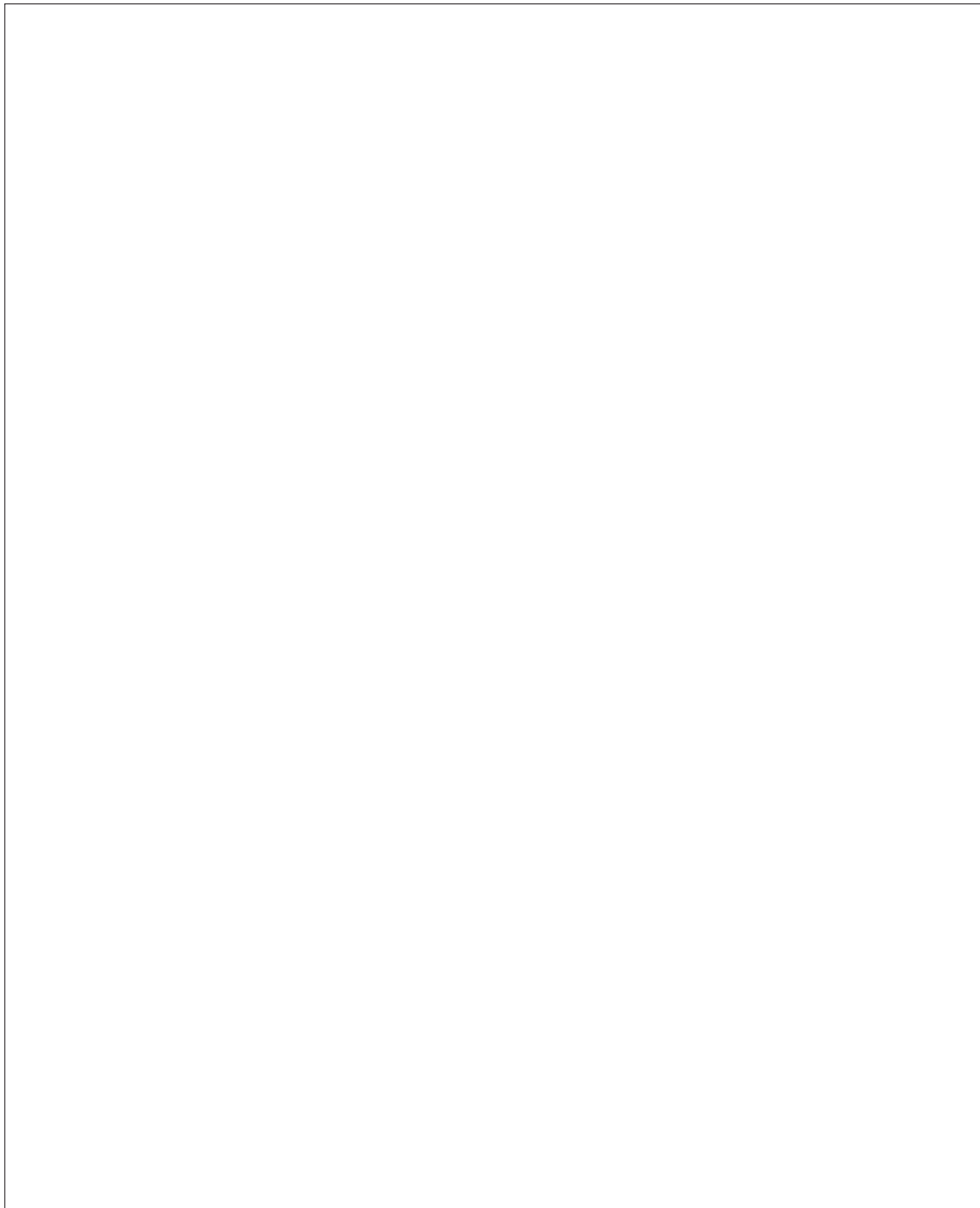
- **EDUCATION** (*begin with baccalaureate or other professional education and include postdoctoral training.*)

INSTITUTION/CITY/STATE	Degree (<i>circle highest degree</i>)	Year Conferred	Field of Study

- **RESEARCH AND/OR PROFESSIONAL EXPERIENCE:** Concluding with present position, list in chronological order previous employment, experience and honors. Provide clear statements on your credentials and how they relate to this project. 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, INCLUDING PAGE 4.

FACILITIES

Laboratory Space and Major Equipment Available:

A large, empty rectangular box with a thin black border, intended for the applicant to describe the laboratory space and major equipment available. The box occupies most of the page below the header.

CURRENT RESEARCH SUPPORT

(Please denote recipient of funding with P for Principal, CP for Co-Principal, or O for Other Investigator.)

Indicate if any project listed below overlaps with support from IDREF.

Source	Recipient	Title of Project	\$ Amount	Period of Support

ABSTRACT OF RESEARCH PLAN

Name: _____

Title: _____

Institution: _____

- **ABSTRACT OF RESEARCH PLAN:** Please provide a 100 word abstract with five underlined phrases for the project summary. State the applicant'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 application.

RESEARCH PLAN AND SUPPORTING DATA

On continuation pages, give details in accordance with the outline below.

A. *Scientific Aims*

Provide testable hypotheses and a concise statement of the aims of the proposed research.

B. *Significance*

Explain why the results of the proposed work may be important.

C. *Historical Review*

Summarize important results to date obtained by others on the problem, citing publications.

D. *Preliminary Studies* (previous work done on the project)

Describe briefly any work you have done that is particularly pertinent. Cite your most important publications on this closely related work.

E. *Experimental Design and Methods*

Give details of your research plan, including how the results will be analyzed. For each specific aim mentioned in "A," show how your plan is expected to fulfill the aim. Include method of statistical analysis, if relevant.

F. *Vertebrate Animals*

Animal IRB statement, if applicable.

G. *Human Subjects*

Human IRB statement, if applicable.

H. *Relevance of the project* to the mission of the Implant Dentistry Research and Education Foundation.

I. *Literature Cited*