



**CHILDREN'S
SPINE
FOUNDATION**

PEDIATRIC SPINE RESEARCH

APPLICATION FOR FUNDING

Instructions

To apply for research funding, please complete the application form, attach any additional required materials and e-mail to:

tsthilaire@childrensspinefoundation.org.

General Guidelines

- ❖ Applicants do not need to be members of the CSSG.
- ❖ Funds are for work to be performed, not works in progress or already completed.
- ❖ All correspondence will be sent to the primary investigator. It is the responsibility of the primary investigator to provide information to co-investigators.

Types of Grant

Grant applications should be related to chest wall and spine deformity, and the treatment of such conditions. Applications require evidence that the investigator has the experience and resources to complete the proposed research. The maximum grant award is \$50,000 per year for a maximum of two years.

Selection Process

Grant applications are reviewed by the Evaluation Committee of the Children's Spine Foundation. Applications are rated on the basis of their scientific merit, their relation to the research priorities of the Children's Spine Study Group, and include the following criteria:

Research Interest: Does the project further the goals of the Study Group? What is the significance of the topic?

Approach: Are the aims of the project clear and reasonable in the context of the project?

Feasibility: Can the investigators deliver a result?

All persons submitting an application do so with the understanding that they will abide by the conditions, policies and decisions of the Committee.

Statement of Conditions

It is understood that any award approved and funded by the Children's Spine Foundation will be made on the following conditions:

- ❖ You will submit your findings as an abstract to the Study Group Executive Committee, before submitting to any meeting. The abstract will be reviewed by the Abstract Review Committee, according to the Abstract Review Process.
- ❖ The amount of the award will be expended for the support of the person or project described in the application and none of the funds will be diverted to a practicing physician's salary or overhead expenses. The Investigator will immediately notify the Foundation if support for the same person or project is received from other sources, in which case, the award will terminate and the unexpended balance will be returned to the Foundation.
- ❖ A bi-annual report detailing expenditures, the progress of the work and any papers submitted or accepted for publication under the award will be furnished to the Executive Committee until the project is completed. A final report will be furnished to the Executive Committee by the Primary Investigator no later than four (4) months after the termination of the grant.
- ❖ If for any reason the project for which funds allocated cannot be undertaken, a full refund of the grant monies will be made to the Foundation.
- ❖ If for any reason the project for which funds were allocated is terminated prematurely, a full accounting of the funds expended to the time of termination will be furnished to the Executive Committee within 90 days of such termination and all unexpended funds returned to the Foundation.
- ❖ The Foundation will not provide funding for "indirect" charges by the primary investigator's institution.

Citation

The Children's Spine Foundation must be cited as the source of funding in any publication, presentation, or in any publicity resulting from the award or its results.

Application for Research Funding

Applications must be submitted via e-mail to tsthilaire@childrensspinefoundation.org

Title of Project: _____

Principal Investigator:

Name: _____

Title: _____

Address: _____

City, State, Zip/Postal Code: _____

Country: _____

Phone Number: _____

Project Period: ____ / ____ to ____ / ____

Project Budget Summary:

Period	1 st year	2 nd year	3 rd year	Total
Personnel				
Materials				
Equipment				
Total Requested	\$ _____			

Supplemental Information:

Is work currently in progress in this research?

Yes No

Have you applied elsewhere for support of this project?

Yes No

Detailed Application:

A. Other Investigators Involved:

Collaborating Investigator: _____

Degrees: _____

Present Position: _____

Department: _____

Institution: _____

Address: _____

City, State, Zip/Postal Code: _____

Country: _____

Institution where work will be done: _____

Department: _____

Address: _____

City, State, Zip/Postal Code: _____

Country: _____

B. Research Plan: This section should detail the specifics of the grant proposal. Attach a separate document containing the following information (maximum 5 pgs). The research plan should answer the following questions:

1. Why is the work important?
 2. What do you plan to do?
 3. What has already been done?
 4. How long will it take you to do the work?
-
- I. Specific Aims: Include a concise statement of what the research is intended to accomplish and/or why hypothesis is to be tested.
 - II. Significance: Briefly describe the background of the proposal, relating it to existing knowledge and published work. Identify the gaps in existing knowledge which the research is intended to fill and state concisely the importance of the project.
 - III. Materials and Methods: Detail the experimental design and procedures to be used to accomplish the Specific Aims of the Project. Describe a tentative sequence or timetable of investigation and the means by which the data will be analyzed and interpreted.
 - IV. Supporting Data: Briefly describe any previous work done on this project. Cite results obtained by yourself and others on this or closely related.

C. Proposed Budget (1st year)

Personnel	% Effort	Salary	Fringe
Total Personnel Cost:	\$		

Materials and Supplies (itemize major items only)	Purpose	Cost
Equipment (itemize major items only)	Purpose	Cost

Total cost for first year: \$ _____

Proposed Budget (2nd year)

Personnel	% Effort	Salary	Fringe
Total Personnel Cost:	\$		

Materials and Supplies (itemize major items only)	Purpose	Cost
Equipment (itemize major items only)	Purpose	Cost

Total cost for second year: \$ _____

- D. Facilities Available:** Describe the general facilities available for your research, including laboratory and hospital space and major items of permanent equipment.