

SECTION 1 – INVESTIGATOR / INSTITUTION INFORMATION

A. INVESTIGATOR INFORMATION	
CONTACT PERSON NAME	CONTACT PERSON TITLE
CONTACT PERSON EMAIL	CONTACT PERSON PHONE

PRINCIPAL INVESTIGATOR NAME	PRINCIPAL INVESTIGATOR TITLE
PRINCIPAL INVESTIGATOR INSTITUTION	AOFAS MEMBER?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
PRINCIPAL INVESTIGATOR EMAIL	

CO-INVESTIGATOR NAME	CO-INVESTIGATOR TITLE
CO-INVESTIGATOR INSTITUTION	AOFAS MEMBER?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
CO-INVESTIGATOR EMAIL	

CO-INVESTIGATOR NAME	CO-INVESTIGATOR TITLE
CO-INVESTIGATOR INSTITUTION	AOFAS MEMBER?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
CO-INVESTIGATOR EMAIL	

CO-INVESTIGATOR NAME	CO-INVESTIGATOR TITLE
CO-INVESTIGATOR INSTITUTION	AOFAS MEMBER?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
CO-INVESTIGATOR EMAIL	

B. INSTITUTION OR ORGANIZATION INFORMATION	
INSTITUTION NAME	
NAME OF PERSON AUTHORIZED TO SIGN FOR INSTITUTION	
TITLE	
OFFICIAL'S ADDRESS	
OFFICIAL'S PHONE	
OFFICIAL'S FAX	
OFFICIAL'S EMAIL	
<input type="checkbox"/>	BY CHECKING THIS BOX YOU ARE STATING THAT THE OFFICIAL AUTHORIZED TO SIGN FOR THIS INSTITUTION HAS READ AND AGREES TO ABIDE BY THE GUIDELINES OF THE AOFAS RESEARCH GRANTS PROGRAM.

C. FINANCIAL OFFICER INFORMATION	
NAME	
TITLE	
DEPARTMENT	
ADDRESS	
PHONE	
FAX	
EMAIL	
IF RESEARCH GRANT IS AWARDED, CHECK SHOULD BE SENT AS FOLLOWS	
Payable to:	
Address:	
Attn:	
IRS Tax ID# (required for payment)	

D. INVESTIGATOR BIOSKETCHES (2 pages each)

PRINCIPAL INVESTIGATOR

Name:

Position / Title:

Education / Training:

A. Personal Statement:

B. Positions and Honors:

C. Selected Peer-reviewed Publications:

D. Research Support:

CO-INVESTIGATOR 1

Name:

Position / Title:

Education / Training:

A. Personal Statement:

B. Positions and Honors:

C. Selected Peer-reviewed Publications:

D. Research Support:

CO-INVESTIGATOR 2

Name:

Position / Title:

Education / Training:

A. Personal Statement:

B. Positions and Honors:

C. Selected Peer-reviewed Publications:

D. Research Support:

CO-INVESTIGATOR 3

Name:

Position / Title:

Education / Training:

A. Personal Statement:

B. Positions and Honors:

C. Selected Peer-reviewed Publications:

D. Research Support:

E. DISCLOSURE OF CONFLICTS OF INTEREST

	AAOS Member (Y/N)	Date of disclosure update or name of attached file
Principal Investigator		
Co-Investigator 1		
Co-Investigator 2		
Co-Investigator 3		

F. SIGNATURE PAGE

<p>1. PRINCIPAL INVESTIGATOR</p> <p><i>I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with AOFAS terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.</i></p>	<p>SIGNATURE OF PRINCIPAL INVESTIGATOR: (In ink. "Per" signature not acceptable.)</p>	<p>Date:</p>
<p>2. DEPARTMENT CHAIR</p> <p><i>I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with AOFAS terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me, my department, or my organization to administrative penalties. I affirm that I am the departmental supervisor for the above named principal investigator.</i></p>	<p>SIGNATURE OF DEPARTMENT CHAIR: (In ink. "Per" signature not acceptable.)</p>	<p>Date:</p>
<p>3. ADMINISTRATIVE REPRESENTATIVE</p> <p><i>I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with AOFAS terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject my department or organization to administrative penalties.</i></p>	<p>SIGNATURE OF ADMINISTRATION REPRESENTATIVE: (In ink. "Per" signature not acceptable.)</p>	<p>Date:</p>
<p>4. FINANCIAL OFFICER</p> <p><i>I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with AOFAS terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject my organization to administrative penalties.</i></p>	<p>SIGNATURE OF ADMINISTRATION REPRESENTATIVE: (In ink. "Per" signature not acceptable.)</p>	<p>Date:</p>

SECTION 2 – EXECUTIVE SUMMARY, BUDGET AND RESOURCES

G. EXECUTIVE SUMMARY (100 word limit)

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H. ROLE OF ORTHOPAEDIC SURGEON (100 word limit)

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I. HUMAN PROTECTION STATEMENT (REQUIRED IF APPLICABLE)

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J. ANIMAL PROTECTION STATEMENT (REQUIRED IF APPLICABLE)

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K. BUDGET FOR ENTIRE PROJECT: DIRECT COSTS ONLY

1. SALARIES AND WAGES – No salary may be allotted to principal or co-investigators.

List all Personnel for whom funds are requested.	% Time on Project	Cost in Dollars (\$)
Percentage of Salaries & Wages for Fringe Benefits:		

2. PERMANENT EQUIPMENT (Justification Required)

	Cost in Dollars (\$)

3. CONSUMABLE SUPPLIES (Exclude animals and animal care)

	Cost in Dollars (\$)

4. ANIMALS AND ANIMAL CARE

	Cost in Dollars (\$)

5. ALL OTHER EXPENSES (Funds may not be used for travel)

	Cost in Dollars (\$)

TOTAL PROJECT BUDGET

L. BUDGET JUSTIFICATION (1 page limit)

Please include other sources of funding that have been secured (including \$ amount)

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M. RESOURCES (1 page limit)

1. FACILITIES

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2. EQUIPMENT

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SECTION 3 – TITLE, COVER LETTER, AND ABSTRACT

N. PROJECT TITLE

IS THIS A RESUBMISSION	DATES OF PREVIOUS SUBMISSIONS
Yes <input type="checkbox"/> No <input type="checkbox"/>	

O. COVER LETTER (1 page - only for resubmissions)

P. ABSTRACT (300 Word Limit)

SECTION 4 – SPECIFIC AIMS, RESEARCH STRATEGY AND BIBLIOGRAPHY

Q. SPECIFIC AIMS AND HYPOTHESES (1 page)

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R. RESEARCH STRATEGY (not to exceed 6 pages)

1. SIGNIFICANCE

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2. INNOVATION

3. APPROACH

4. TIMELINE

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S. BIBLIOGRAPHY AND REFERENCE CITED (no page limit)

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