

2018 Society for Pediatric Sedation Scholarly Grant Application

DUE: February 5, 2018 (5:00 pm eastern)

Please submit completed application, saved as a PDF document, to Joye Stewart at joye@societyhq.com

FACE PAGE

Project Title:	
Name, Degree(s) and Title of Principal Investigator (PI):	
PI's Institution & Department:	
PI's E-mail Address:	Tel:
Name, Degree(s) and Title of Mentor, if applicable	
Mentor Email Address	Tel:
Amount Requested (May not exceed \$10,000)	
REGULATORY APPROVALS (if applicable)	
HUMAN SUBJECTS: <input type="checkbox"/> Yes <input type="checkbox"/> No	VERTEBRATE ANIMALS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approval Date: <input type="checkbox"/> Pending	Approval Date: <input type="checkbox"/> Pending
IRB H #	IACUC Approval No.
CERTIFICATIONS	
Principal Investigator: <i>I certify that the information submitted within this application is true, complete and accurate to the best of my knowledge. If this proposal is funded, I agree to accept responsibility for the scientific conduct of the project, to conduct the project in accordance with all applicable research policies, and to provide progress reports in a timely manner.</i>	
Provide the electronic signature of the PI by typing name in the shaded box and checking the "Confirm Signature" box. Confirm Signature: <input type="checkbox"/> Name: _____ Date: _____	
Mentor (if applicable): <i>I agree to serve as the Mentor for this project and can devote sufficient time to help guide the PI in completing the project on time.</i>	
Provide the electronic signature of the mentor by typing name in the shaded box and checking the "Confirm Signature" box. Confirm Signature: <input type="checkbox"/> Name: _____ Date: _____	
PI's Section or Department Chief: <i>I acknowledge that the PI has sufficient time to complete this project and support this application.</i>	
Provide the electronic signature of the authorized official by typing name in the shaded box and checking the "Confirm Signature" box. Confirm Signature: <input type="checkbox"/> Name: _____ Email: _____ Date: _____	

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PROJECT SUMMARY/ABSTRACT: Provide a succinct and accurate description of the proposed work suitable for dissemination to the public. Limit length to the space provided using 11-point Arial font, single spacing.

SENIOR/KEY PERSONNEL

Name (Last, First)	Institution/Department Affiliation	Role on Project

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PROJECT PLAN

See the application instructions for guidance on completing the following sections: **Specific Aims, Background and Significance, Project Design and Methods, Anticipated Results, Alternate Strategies, and Next Steps.** Limit length to the space provided using 11-point Arial font, single spacing.

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Project Plan (continued)

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PROTECTION OF HUMAN SUBJECTS/ANIMALS

If applicable, summarize your plan to protect human subjects or animals according to the outline provided in the application instructions. It is highly recommended that your protocol is already submitted for IRB/IACUC approval prior to application being submitted. Limit length to the space provided using 11-point Arial font, single spacing.

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BUDGET SUMMARY						
<i>Please see the application guidelines for a list of allowable budget items. (No indirects allowed)</i>						
Personnel		%	Dollar Amount Requested			
Name	Role on Project	Effort on Project	Inst. Base Salary	Salary Requested	Fringe Benefits	TOTAL
	Principal Investigator	%	Not Eligible	Not Eligible	Not Eligible	
		%				
		%				
		%				
Subtotals						
Consultant Costs – Not Eligible for Support						
Equipment:						
Supplies:						
Patient care cost:						
Travel Expenses (for PI to attend a professional meeting to present study results; partial to \$1,500):						
Other Expenses:						
SUBTOTAL						
TOTAL COSTS REQUESTED (not to exceed \$10,000)						

BUDGET JUSTIFICATION

In the space below, briefly explain and justify the above costs, providing calculations to show how amounts were determined. Limit length to the space provided using 11-point Arial font, single spacing.

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SPECIAL APPENDIX – BIOGRAPHICAL SKETCH

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

POSITION TITLE:

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY

A. Personal Statement

B. Positions and Honors

C. Contributions to Science

D. Additional Information: Research Support and/or Scholastic Performance
