

# 2022 Society for Pediatric Sedation

Scholarly Grant Application

**DUE: January 28, 2022 (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 & Departme   | ent:                      |                    |                       |          |  |  |  |
| Pl's Email:   |                           |                    | Tel:                  |          |  |  |  |
| Name, Degree(s) and Title   | of Mentor, if applicable: |                    |                       |          |  |  |  |
| Mentor's Email:   |                           |                    | Tel:                  |          |  |  |  |
| Amount Requested (May not exceed \$10,000:  |                           |                    |                       |          |  |  |  |
| REGULATORY APPRO  | VALS (if applicable)      |                    |                       |          |  |  |  |
| Human Subjects: Yes   | No                        |                    | Vertebrate Animals:   | Yes      | No   |  |  |
| Approval Date:  |                           | Pending            | Approval Date:        |          | Pending  |  |  |
| IRB H#:   |                           |                    | IACUC Approval#:      |          |  |  |  |
| CERTIFICATIONS  Principal Investigator: I certify that I am a member of the Society for Pediatric Sedation, and 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. |                           |                    |                       |          |  |  |  |
| Provide the electronic signature of the PI by typing name in the shaded box and checking the "Confirm Signature" box. Confirm Signature   |                           |                    |                       |          |  |  |  |
| Name: Date:   |                           |                    |                       |          |  |  |  |
| <b>Mentor (if applicable):</b> 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.   |                           |                    |                       |          |  |  |  |
| Provide the electronic sign Confirm Signature   | ature of the mentor by ty | ping name in the s | haded box and checkin | g the "( | Confirm Signature" box.  |  |  |
| Name:   | me: Date:                 |                    |                       |          |  |  |  |
|   | <u> </u>                  |                    | •                     | •        | ject and support this application.<br>ox and checking the "Confirm |  |  |
| Name: Email: Date:  |                           |                    |                       | 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. |                                    |                 |  |  |  |
|---|------------------------------------|-----------------|--|--|--|
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| CO-INVESTIGATORS                                |                                    |                 |  |  |  |
| Name (Last, First)                              | Institution/Department Affiliation | Role on Project |  |  |  |
| (2004, 1.100)                                   |                                    |                 |  |  |  |
|   |                                    |                 |  |  |  |

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| <b>PROJECT PLAN:</b> 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 (Continue on the next page, if necessary). |
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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. |
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| BUDGET SUMMARY  Please see the application guidelines for a list of allowable budget items. (No indirects allowed)     |                 |                   |                   |                         |            |       |  |
|--|-----------------|-------------------|-------------------|-------------------------|------------|-------|--|
| Personnel  |                 | %                 |                   | Dollar Amount Requested |            |       |  |
| Name   | Role on Project | Effort on Project | Inst. Base Salary |                         |            | TOTAL |  |
|  | P.I.            |                   | Ineligible        | Ineligible              | Ineligible |       |  |
|  |                 |                   |                   |                         |            |       |  |
|  |                 |                   |                   |                         |            |       |  |
|  |                 |                   |                   |                         |            |       |  |
| Subtotals —  |                 |                   | <b>→</b>          |                         |            |       |  |
| Consultant Costs – Not Eligible for Support  |                 |                   |                   |                         |            |       |  |
| Equipment:   |                 |                   |                   |                         |            |       |  |
| Supplies:  |                 |                   |                   |                         |            |       |  |
| Patient care cost:   |                 |                   |                   |                         |            |       |  |
| Travel expenses (for travel/lodging for PI to attend the 2020 SPS Conference to present study results; maximum \$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. space provided. | Limit length to the |
|  |                     |

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#### **SPECIAL APPENDIX - BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors. In separate documents, follow this format for each person. DO NOT EXCEED FIVE PAGES.

| Na  | Name   |                           |                         |                |  |  |  |
|---|--|---------------------------|-------------------------|----------------|--|--|--|
| Po  | Position Title   |                           |                         |                |  |  |  |
| <b>Education/Training</b> (Begin with baccalaureate or other initial professional education, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.) |  |                           |                         |                |  |  |  |
|   | INSTITUTION AND LOCATION                               | DEGREE<br>(if applicable) | Completion Date MM/YYYY | FIELD OF STUDY |  |  |  |
|   |  |                           |                         |                |  |  |  |
| A.  | Personal Statement                                     |                           |                         |                |  |  |  |
| В.  | Positions and Honors                                   |                           |                         |                |  |  |  |
| C.  | Contributions to Science                               |                           |                         |                |  |  |  |
| D.  | Additional Information: Research Support and/or Schola | stic Performance          |                         |                |  |  |  |