

This application is being submitted to: (*check one*)

Northwest/Alaska Center to Reduce Oral Health Disparities (Disparity Center)

Funding is available for pilot projects in research ranging from basic to applied. Research funded by the Center will address the needs of poor, minority, and rural children and their caregivers. Priority will be given to investigators involving a student or faculty member from Heritage College or other institutions training students from groups underrepresented in science research.

Comprehensive Center for Oral Health Research (CCOHR)

Funding is available for pilot projects in research ranging from basic to applied, which relates to the center theme of "Origins of oral health and disease susceptibility: A focus on the child as the key to lifelong oral health".

Regional Clinical Dental Research Center (RCDRC)

Applications can be submitted for use of facilities and staff, but no pilot funding is available.

School of Dentistry Research Fund

Priorities for funding of research include pilot research, new investigators, emerging opportunities, and interim support during temporary lapses in funding.

Hack Memorial Fund

Funding is available for the Department of Periodontics only.

Brief description stating the reason for applying to this funding source:

Application Status:

Original

Revised

Other Peer-Review Approved

By which organization? _____

PROJECT APPLICATION
PROJECT APPLICATION TO SCIENTIFIC ADVISORY COMMITTEE
ELEMENTS OF APPLICATION

Face Page

Abstract and List of Participants

- Provide brief description of study (approximately one-half page).
- List all individuals who will be involved in the proposed research. Indicate their training support and their role in the project.

Budget / Budget Justification

- If requesting financial support please fill out the budget form and provide budget justifications. If partial funding is provided by an outside source please attach the budget for that funding source. For RCDRC applications fill out the Personnel and Facilities Request Form.

Biographical Sketch

- Provide a NIH-style biosketch (2-page maximum) for the Principal Investigator and all Co-Investigators.

Other Support

- Provide an NIH-format listing of all other support for the Principal Investigator and all Co-Investigators.

Research Plan

- Please respond to the items listed below, listing each response separately, in not more than 5500 words total (not including LITERATURE CITED, FACILITIES, and COLLABORATIVE ARRANGEMENTS), single spaced and single sided. You may attach the research plan section from another peer-review application.
 - **SPECIFIC AIMS.** List the broad, long-term objectives and what the specific research proposed is intended to accomplish. State the hypothesis to be tested.
 - **BACKGROUND AND SIGNIFICANCE.** Briefly sketch the background leading to the present application, critically evaluate existing knowledge, and specifically identify gaps that the project is intended to fill. State concisely the importance and health relevance of the research.
 - **RESEARCH DESIGN AND METHODS.** Describe the research design and the procedures to be used to accomplish the specific aims of the project. Include how the data will be collected, analyzed, and interpreted.
 - **LITERATURE CITED.**
 - **FACILITIES.** Specify the facilities to be used for the conduct of the research.
 - **COLLABORATIVE ARRANGEMENTS.** Specify any collaborative arrangements made within or outside this institution for the conduct of this research.

Principal Investigator/Program Director (*Last, first middle*):

ABSTRACT OF PROPOSED WORK
Single-spaced. Please do not exceed space provided

KEY PERSONNEL

NAME

ORGANIZATION

ROLE ON PROJECT

Principal Investigator/Program Director (*Last, first middle*):

****IF REQUESTING FUNDING WITH THIS APPLICATION, COMPLETE THE DETAILED BUDGET ESTIMATE BELOW. IF THIS FUNDING WILL BE SUPPLEMENTED BY ANY OTHER SOURCES, PLEASE ATTACH A COPY OF THE BUDGET. ****

DETAILED BUDGET ESTIMATE DIRECT COSTS ONLY		FROM	THROUGH		
PERSONNEL (Applicant Organization)		DOLLAR AMOUNT REQUESTED (omit cents)			
NAME	ROLE ON PROJECT	% OF EFFORT	SALARY REQUESTED	FRINGE BENEFITS	TOTALS
	Principal Investigator				
SUBTOTALS					

Provide on a separate page any budget justifications needed for the following categories

CONSULTANT COSTS		
EQUIPMENT (<i>Itemize</i>)		
SUPPLIES (<i>Itemize by category</i>)		
TRAVEL		
PATIENT CARE COSTS	INPATIENT	
	OUTPATIENT	
OTHER EXPENSES (<i>Itemize by category</i>)		
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD		

Principal Investigator/Program Director (*Last, first middle*):

(Only complete if application is for RCDRC Project)

PERSONNEL & FACILITIES REQUESTED FROM REGIONAL CLINICAL DENTAL RESEARCH CENTER

Estimated number of subjects and subject visits to RCDRC

Total subjects:

Number of visits/subject:

RCDRC Resources and Facilities requested for this project

RESOURCE	HOURS/WEEK	WEEKS/YEAR	PERIOD FROM/TO	% SUPPORT FROM RCDRC
PERSONNEL				
Methodology				
• Biostatistician				
• Epidemiologist				
• Data Manager				
• Data Entry				
Clinical				
• Clinic Manager				
• Research Study Coordinator				
• Reg. Dental Hygienist(s)				
• Dental Assistant				
CLINICAL FACILITIES				
• Dental Operatory				
• Behavioral Operatory				
• Specimen Collection Room				
• Interview Room				
• X-Ray				
• Imaging Laboratory				
• Florida Probe				
• Curing Light				
• Transilluminator				
• Periotron				
BIOMEDICAL LAB SERVICES/ EQUIPMENT				
• Biomedical Technician				
• Salivary Assay				
• Blood Analysis				
• Periodontal Disease Assay				
• Caries Assay				
• Microbiology				
• Computer(s)				
BIOBEHAVIORAL LAB SERVICES/EQUIPMENT				
• Biobehavioral Technician				
• On-Line Psychophysiologic Data				
• Videotape Recording				
• Data Analysis Computer(s)				
• Portable Equipment				

Principal Investigator/Program Director (*Last, first middle*):

(specify below)				
• Computer(s)				
OT				
□□	□	□	□	□□□
□□	□□□ FORMTEXT	□□	□□□	□
				□□□ FORMTEXT

Principal Investigator/Program Director (*Last, first middle*):

BUDGET JUSTIFICATION

Carefully explain the items in the proposed budget as to their cost and necessity for this project.

FORMTEXT

BIOGRAPHICAL SKETCH

Please provide the following information for all key personnel in the order listed on form page 4
Photocopy this page for each person

NAME

FORMTEXT POSITION TITLE

FORMTEXT EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training)

INSTITUTION AND LOCATION DEGREE

(if applicable) YEAR (s) FIELD OF STUDY

FORMTEXT

FORMTEXT

FORMTEXT

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. **DO NOT EXCEED TWO PAGES.**

Experience

Institution

FORMTEXT

Department

FORMTEXT

FORMTEXT

Rank

FORMTEXT

Years

Honors

Selected Publications

Principal Investigator/Program Director (*Last, first middle*):

OTHER SUPPORT

Name of Individual (Last, Initials)

ACTIVE/PENDING/NONE

Project number

Dates of Approved/Proposed Project

Source

Annual Direct Costs

% Effort

Title of Project (or Subproject)

The major goals of this project are...

OVERLAP (summarized for each individual)

Principal Investigator/Program Director (*Last, first middle*):

Principal Investigator/Program Director (*Last, first middle*):

RESEARCH PLAN
(Use continuation pages as needed)