

AOSSM Grant Application Cover Sheet

Opportunity Title:

Offering Agency:

American Orthopaedic Society for Sports Medicine

Check One:

Basic Science Grant Clinical Research Grant

Agency Contact:

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AOSSM Director of Research
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Application Filing Name:

Mandatory Documents

Cover Sheet
Specific Aims
Research Plan
Budget
Benchmarks and Timeline
References
Biosketches of All Investigators

11. ESTIMATED PROJECT FUNDING

a. Total Funds Requested	<input type="text"/>
b. Estimated Program Income	<input type="text"/>

13. By signing this application, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

14. Authorized Representative

Prefix: * First Name: Middle Name:
* Last Name: Suffix:
* Position/Title:
* Organization:
Department: Division:
* Street1:
Street2:
* City: County / Parish:
* State: Province:
* Country: * ZIP / Postal Code:
* Phone Number: Fax Number:
* Email:

* Signature of Authorized Representative (type in)

* Date Signed

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved?

Yes No

1.a If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes No

1 2 3 4 5 6

If no, is the IRB review Pending? Yes No

IRB Approval Date:

Human Subject Assurance Number:

2. * Are Vertebrate Animals Used?

Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number

3. * Is proprietary/privileged information included in the application?

Yes No

4. Does this project involve activities outside of the United States or partnerships with international collaborators?

Yes No

4.a. If yes, identify countries: