

ADEA Council of Sections Research Fund Application

Submission Deadline Date: October 1

PROJECT TITLE: Enter Project Title here.

PROJECT DIRECTOR: Enter project director’s name here

First Name: Enter first name here Last Name: Enter last name here Degree Titles: Enter degree titles here Position Title: Enter your position title here

Institution: Enter institution name here

Institution Address: Enter institution address here

City: Enter city name here State: Enter two-digit state name here Zip: Enter zip code here Phone: Enter phone number here Email: Enter email address here

# Biographical Sketch

Educational Background: Provide the name and location of each educational institution attended, degree received (if applicable), year the degree was received and the area of study.

1. Institution Name: Enter institution name here City: Enter city name here State: Enter state name here Degree: Enter degree here Year: Enter degree year here Area of Study: Enter area of study here
2. Institution Name: Enter institution name here City: Enter city name here State: Enter state name here Degree: Enter degree here Year: Enter degree year here Area of Study: Enter area of study here
3. Institution Name: Enter institution name here City: Enter city name here State: Enter state name here Degree: Enter degree here Year: Enter degree year here Area of Study: Enter area of study here

Selected Peer-reviewed Publications: Include any recent publications relevant to the proposed research. List author(s), article title, date, journal name, volume and pages.

Enter selected peer-reviewed publications here. Box will adjust as you type).

# Section or Special Interest Group (SIG) Affiliation

Name of Section or SIG: Enter section name or SIG affiliation name here

# Co-investigator(s)

You may list up to three co-investigators in the application. Use a separate sheet if you require additional space.

Co-investigator 1 (if applicable)

First Name: Enter first name here Last Name: Enter last name here Degree Titles: Enter degree titles here Position Title: Enter your position title here

Institution: Enter institution name here

Institution Address: Enter institution address here

City: Enter city name here State: Enter two-digit state name here Zip: Enter zip code here Phone: Enter phone number here Email: Enter email address here

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Enter selected peer-reviewed publications here. Box will adjust as you type).

Co-investigator 2 (if applicable)

First Name: Enter first name here Last Name: Enter last name here Degree Titles: Enter degree titles here Position Title: Enter your position title here

Institution: Enter institution name here

Institution Address: Enter institution address here

City: Enter city name here State: Enter two-digit state name here Zip: Enter zip code here Phone: Enter phone number here Email: Enter email address here

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Co-investigator 3 (if applicable)

First Name: Enter first name here Last Name: Enter last name here Degree Titles: Enter degree titles here Position Title: Enter your position title here

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Selected Peer-reviewed Publications: Include any recent publications relevant to the proposed research. List author(s), article title, date, journal name, volume and pages.

Enter selected peer-reviewed publications here. Box will adjust as you type.

# Related Research

List below up to three ongoing or completed research projects *relevant to the proposal.* Briefly indicate the purpose of the project(s) and your specific role(s) in the research.

Research Title: Enter research title here. Role: Enter your role here. Purpose of Project (max 150 words)

Enter project purpose. Box will adjust as you type.

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Enter project purpose.

# Section/SIG Sponsor Information

If any ADEA Sections and/or SIGs have agreed to financially support this project, please list below (not required).

|  |  |  |
| --- | --- | --- |
| Enter sponsoring ADEA Section or SIG | Enter Councilor or Chair | Enter funding amount |
| Sponsoring ADEA Section or SIG | Councilor or Chair | Funding Amount |
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# Project Overview

Provide an overview of the proposed project by addressing each of the areas below.

Background Statement *(not to exceed 300 words)*

Include a brief statement of the problem or issue that the project aims to address.

Enter Background Statement.

Purpose and Expected Outcomes; Alignment with ADEA’s Mission, Core Values and Strategic Directions *(not to exceed 300 words)*

Briefly explain the purpose of the project and expected outcomes. Include a statement indicating how the project will address the [ADEA Mission, Core Values and Strategic Directions.](http://www.adea.org/about_adea/who_we_are/Pages/StrategicDirections.aspx)

Enter purpose and expected outcomes; alignment with ADEA Mission, Core Values and Strategic Directions.

Research Methods and Statistical Analysis *(not to exceed 300 words)*

Describe the project design and indicate the outcomes that will be measured. Include a statement of the statistical or other evaluation methods that will be used to address the research question(s).

Enter Research Methods and Statistical Analysis.

Dissemination of Results *(not to exceed 300 words)*

Indicate the proposed method(s) of disseminating project results (e.g., poster, presentation, publication) as well as the intended audience (e.g., dental educators, practitioners).

Enter Dissemination of Results.

# Budget

Complete the line-item budget form with all anticipated expenditures. Allowable funding categories include technical, clerical and administrative support staff expenses directly tied to the project; consultant fees for such activities as survey design and statistical analysis; and direct expenses such as paper, printing and postage. ADEA COS Project Pool funds cannot be used to cover Project Director’ salaries, equipment costs, database upgrades, indirect costs/overhead, or travel expenses to meetings, symposia or workshops.

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Item | Start-End Date(mm/yy – mm/yy) | Description | Amount |
| Enter budget item. | Dates | Enter description here. | Amount |
| Enter budget item. | Dates | Enter description here. | Amount |
| Enter budget item. | Dates | Enter description here. | Amount |
| Enter budget item. | Dates | Enter description here. | Amount |
| Enter budget item. | Dates | Enter description here. | Amount |
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| Enter budget item. | Dates | Enter description here. | Amount |
| Enter budget item. | Dates | Enter description here. | Amount |
| Enter budget item. | Dates | Enter description here. | Amount |
|  |  | TOTAL ESTIMATED PROJECT BUDGET | Amount |
|  |  | TOTAL Project Pool Fund REQUEST | Amount |

Timetable: Complete the timetable below for each phase of the project, including estimated start and end dates. Note that project support is limited to a maximum of two years.

|  |  |  |
| --- | --- | --- |
| Description of Activity | Start Date (mm/yy) | End Date (mm/yy) |
| Enter Description of Activity. | Start Date | End Date |
| Enter Description of Activity. | Start Date | End Date |
| Enter Description of Activity. | Start Date | End Date |
| Enter Description of Activity. | Start Date | End Date |

ADDITIONAL INFORMATION (Check all that apply)

* IRB Verification. Projects that involve research on human subjects (e.g., survey results, de-identified student grade summaries, etc.) must include a verification of Institutional Review Board (IRB) approval. Insert IRB verification number in the text box Enter IBR verification number.
* Survey Instruments. Check this box if this project uses survey instruments.

*Note: the Research Fund Committee may request a copy of the survey instrument. The Committee will contact you directly if this is needed.*

# Notification of Decision

Applicants shall be notified of the committee’s decision by December 1.