

DELTA DENTAL FOUNDATION

An affiliate of Delta Dental of Michigan, Ohio, and Indiana

Faculty Research Grant Application

Contribution Request

Principal investigator (name and title): _____

Department or unit: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____ Email: _____

Project title: _____

Proposed starting and completion date: _____

Total cost of program: \$_____ Total cost, year 1: \$_____ Total requested, year 1: \$_____

Summary of proposed budget (attach itemized breakdown)

- | | |
|-----------------------|-------|
| a. Salaries and wages | _____ |
| b. Staff benefits | _____ |
| c. Supplies/materials | _____ |
| d. Equipment* | _____ |
| e. Other (itemize) | _____ |
| Total | _____ |

*Purchase of reusable instruments and equipment will not be funded. Necessary instruments and equipment, obtained from other sources, should be identified and listed.

Does the proposed study involve human or animal subjects? ☐ Yes ☐ No

If yes, please attach letter and/or date of approval by Human Subject Review Committee of the institution or other appropriate committee if animals are used. Updates of Human Subjects approval and any protocol revisions must be submitted to the DDF.

Does the proposed study involve the development or use of patented or potentially patentable materials in which you or others involved have a propriety interest?

☐ Yes ☐ No

INSTRUCTIONS:

1. Provide a detailed budget for the first year of the project. List all costs to be covered by the funds requested from the DDF. List all personnel to be included in the project, whether or not salaries are requested. Indicate percent of effort or hours per week for each person. Also list in detail costs for consultants, supplies, necessary travel and any other costs to be covered by the funds requested.
2. Describe roles of all personnel in the project.
3. Provide a brief justification for all other items in the budget.

4. When requesting a grant for a complete project, please describe in three pages or less:
 - a. Any previous funding or applications for funding related to this project;
 - b. Any supplemental funding currently being sought, along with other sources, amounts and anticipated notification date, and;
 - c. Describe briefly the overall plan for your research in this area, with special attention to the role of the funds requested from the DDF in that plan. It should be noted that acceptance of a grant from the DDF carries with it the obligation to notify the DDF of other funds awarded, at any time during the grant period, for the conduct of this project.
5. Describe the proposed research project on additional pages, using the outline below. Abbreviations should not be used without an explanation and/or diagrams for clarification. Limit proposals to a total of 10 pages for the description of purposes, background and significance, previous works, design and methods. Justification of sample size, including power calculations, should be included. (Bibliography, application, C.V. are considered attachments.)
 - a. A clear, concise statement of specific aim (purpose)
 - b. Significance of the proposed research
 - c. Previous work related to this problem by others and yourself
 - d. Research plan, including methods and materials (detail and clarity are essential, but be as succinct as possible) and power calculations to document the statistical validity of your sample

INITIATING A REQUEST:

To initiate a request for a contribution from the Delta Dental Foundation, please complete the Faculty Research Grant Application and send it with attachments to:

Delta Dental Foundation
PO Box 293
Okemos, MI 48805-0293
Fax: 517-347-5320
ddf@deltadentalmi.com