



Pan-American Ophthalmological Foundation

Research Grant Request Application Form

The Review Committee reviews grant application forms on a quarterly basis:
March 31, June 30, September 30, December 31

Please complete this **Fill-In Form**; Make sure to complete all requested fields.

1. **Main Author:** _____ **Degree(s)** _____
First Name, Middle Initial, Last Name (s) MD, PhD

Institution: _____

Mailing Address: _____

City: _____ **State/Province:** _____

Country: _____ **Zip:** _____

Office Phone: () _____ **Fax Number:** () _____

Home Phone: () _____ **Birth Date:** ____ / ____ / ____
mm dd yy

Email: _____ **Citizenship:** _____

2. **Application Assurance:** I agree to accept the responsibility for the appropriate use of funds and the proper conduct of my project. I understand that I will be responsible for providing the required fiscal and scientific reports if the grant is awarded. **This is an important requirement.** I understand that I run the risk of having to return the grant funding if the final report has not been sent to the Administrative Office within 90 days of closing the awarded project.

3. **Title of the Grant** (not to exceed 120 characters):

4. **Amount of Grant requested (maximum US\$10,000) (US\$):** _____

Please provide a short description of the project. Please use care in preparing the abstract.
It must fit in this box, be typewritten, and not exceed 90 words.

Please email the grant application form to info@pao.org

Questions?
Pan-American Ophthalmological Foundation
1301 South Bowen Road, Suite 365, Arlington, Texas 76013 USA
Telephone: (817) 275-7553; Fax: (817) 275-3961



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5. Complete Name of Department Chair or Program Director:

First Name, Middle Initial, Last Name (s), Degrees MD, PhD

Institution: _____

Mailing Address: _____

City: _____ **State/Province:** _____

Country: _____ **Zip:** _____

Office Phone: () _____ **Fax Number:** () _____

Email: _____ **PAAO ID:** _____

6. Subject classification (Check the one classification most suitable for your project)

- | | | |
|--|--|--|
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Medical Education | <input type="checkbox"/> Refractive Surgery |
| <input type="checkbox"/> Cornea, External Disease | <input type="checkbox"/> Neuro-Ophthalmology | <input type="checkbox"/> Retina, Vitreous |
| <input type="checkbox"/> General Medical Care | <input type="checkbox"/> Ocular Tumors and Pathology | <input type="checkbox"/> ROP (Retiopathy of Prematurity) |
| <input type="checkbox"/> Eye Banking | <input type="checkbox"/> Optics, Refraction, Contact Lens | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Orbit, Lachrymal, Plastic Surgery | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> Intraocular Inflammation, Uveitis | <input type="checkbox"/> Pediatric Ophthalmology, Strabismus | |
| <input type="checkbox"/> Low Vision | <input type="checkbox"/> Pharmacology | |

7. Checklist: Be certain you have filled out all information completely.

- Research Grant Applications must be submitted electronically.* Submissions by mail or facsimile will not be accepted. Complete all fields on this form, save it as *AuthorName.doc*, and return it by email to info@pao.org.
- Verify your membership status with the PAAO Administrative Office. All main authors must be or become an Active Member (Miembro Titular) of the Pan-American Association of Ophthalmology (PAAO).

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APPLICANT AGREEMENT

I have read and accepted the above terms and responsibilities for a Pan-American Foundation Grant.

- I understand that incomplete forms or forms submitted non-electronically are grounds for non-reviewing of the Research Grant Application.
- I understand that noncompliance will be grounds for cancellation of funding for the Research Grant.
- I understand I must attach a current curriculum vitae with this application form with one (1) photograph.
- I understand that the first author of the grant request must be or become an Active Member or Member-in-Training of the Pan-American Association of Ophthalmology. If he or she is not a member, I understand that the \$150 Active Member membership fee will be deducted from the grant amount.
- I am enclosing letters of recommendation from my Department Chair and/or Program Director.
- All articles published regarding this project must cite the Pan-American Ophthalmological Foundation as a funding source.

I assume entire responsibility and hereby agree to protect, indemnify, defend, and save the Pan-American Ophthalmological Foundation (PAOF) and the Pan-American Association of Ophthalmology (PAAO) and their employees and agents, harmless against all claims, losses and damages to persons or property, governmental charges, or fines and attorney's fees arising out of or caused by my participation in the Pan-American Foundation Research Grant Program. In addition, I acknowledge and understand that the PAOF and PAAO do not obtain and maintain insurance and that it is my sole responsibility to obtain medical, malpractice, property, life, and travel insurances as deemed necessary by the attached grant request.

Applicant's Signature: _____ **Date** _____

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PROJECT BUDGET

Main Author: _____ **Date:** _____

Title of Grant: _____

Include:

- 1.) Personnel
- 2.) Equipment
- 3.) Other (supplies, etc.)

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PROJECT DESCRIPTION

(maximum 5 pages including tables & graphics. Other material can be included as separate attachments/documents)

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Title of Grant: _____

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General Information

Deadline for Application

Grant request applications will be reviewed on a first come-first serve basis. Grant applications will be reviewed by the Grant Request Review Committee. If there are questions, the lead author will be contacted within 30 days. The final response will be given within 90 days of submitting the grant application form. Priority will be given to:

1. Funds to be invested to complement projects already underway;
2. Projects with international involvement and/or partnership.

Application Instructions

Please follow these instructions carefully. Applications that are incomplete or that do not follow these instructions will not be considered. ***The main author must be a PAAO Active Member.*** The PAAO will receive grant applications only via email to teresa.bradshaw@pao.org should be received no less than 30 days before the scheduled quarterly meetings of the Review Committee. Grant applications received after these dates will be included in the following Review Committee Meeting. **Grant request narratives should not exceed five (5) pages and must address all of the following, and should have sections numbered to correspond to the order below:**

1. The need for the research;
2. The plan of action;
3. The goals of the project (what is the project trying to accomplish);
4. The method/strategies to achieve the project goal (how the goal will be accomplished);
5. The project timeline;
6. Anticipate barriers/challenges to achieving project goals, and the strategy for negotiating these barriers/challenges;

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7. An evaluation/assessment plan outlining how progress towards project goal will be assessed what work products will be developed, what discernible effects on the problem addressed are expected to be achieved, and how this will be monitored and reported;
8. The qualifications of the staff (personnel) to implement the research successfully;
9. Graphics or tables supporting the application;
10. Other research organization funding the project.

Please provide the following attachments labeled to correspond to the order below:

1. Itemized project budget and time period covered;
2. Itemized organizational budget and time period covered;
3. Itemized equipment list;
4. A list of funds and grants secured for the project and time period covered;
5. A list of foundations approached; grants requested pending and/or received for this project;
6. Name of other organizations/foundations involved in the same project or others of the same institution.

Reporting Requirements

All grantees of the PAOF must provide a semi-annual report detailing the progress and results of their research as described in their grant proposal. These reports must provide the information listed below. Failure to do so will result in the **cancellation** of the grant support.

1. A narrative summary of the progress the grantee has made towards achieving the purpose for which the grant was made;
2. One copy of any publications or products resulting from the grant. In the case the project funded by the grant is published, there will be a mention that the project was realized under a total (partial) grant of the PAOF
3. A statement of grantee's compliance with the terms of the grant.

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Contact with Pan-American Ophthalmological Foundation Staff

The PAOF welcomes emails from applicants to clarify the PAOF's guidelines and application procedures. However, calls and or emails to discuss the details of pending grant request applications are strongly discouraged.

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