

## **STANDARD DENTAL RESEARCH GRANT APPLICATION**

1. Applicant's name and title: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Department or unit: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Project title: \_\_\_\_\_  
\_\_\_\_\_

3. Proposed start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

4. Total project cost: \_\_\_\_\_  
Total cost, year one: \_\_\_\_\_  
Total requested, year one: \_\_\_\_\_

5. Summary of proposed budget: \_\_\_\_\_

Is this program for (check all that apply) :

- a) Salary and wages \_\_\_\_\_
- b) Staff benefits \_\_\_\_\_
- c) Supplies/Materials \_\_\_\_\_
- d) Equipment \_\_\_\_\_
- e) Other (itemize) \_\_\_\_\_

**TOTAL** \_\_\_\_\_

6. Does this project involve testing on human or animal subjects?  Yes  No

If using human subjects, please attach a letter and/or date of approval by the Human Subject Review Committee of the institution or, if using animal subjects, please attach a letter and/or date of approval by the appropriate committee.

7. Does the proposed project involve the development or use of patented or potentially patentable material in which you and/or others involved have a proprietary interest?  Yes  No

If yes, please attach a separate description of those interests.

8. Please attach a detailed budget for the first year of the proposed project. List all costs to be covered by the funds requested from the Delta Dental Health, Education & Research Fund. List all personnel to be included in the project, whether or not salaries are requested, and indicate the percent of effort or hours per week for each person. In addition, please provide detailed costs for the following:
  - a) Consultant
  - b) Equipment
  - c) Supplies
  - d) Travel
  - e) Other costs (specify) to be covered by the funds requested
9. Budget justification: For all personnel, describe his or her role in the proposed project. Also, provide a brief justification for all other items in the budget. Any unusual equipment or travel expenses should be describe and justified.
10. It is the intent of the Delta Dental Health, Education & Research Fund to encourage research for two purposes:
  1. To provide initial funds for pilot or feasibility studies in order to enhance the investigator's chance for additional long-term funding from other sources.
  2. To fund complete projects considered to be of interest to the Delta Dental Health, Education & Research Fund, for which other sources of funds are traditionally not available.

Therefore, please describe the following in three or fewer pages (total):

- a) Any previous funding or applications for funding related to this project;
  - b) Any supplemental funding currently being sought, along with sources, amounts and anticipated notification date(s); and
  - c) The overall plan for your research in this area, with special attention to the role of funds requested from the Delta Dental Health, Education & Research Fund. Please note that acceptance of a grant from the Fund carries with it the obligation to notify Delta Dental of any other funds awarded to conduct this project, at any time during the grant period.
11. Describe the proposed research project on additional pages, using the following outline and adhering to these page limits:
    - a) Specific aims (one page)
    - b) Significance of the proposed research (three pages)
    - c) Previous work by others and yourself related to this area (eight pages)
    - d) Research plan, including methods and materials (details and clarity are essential, but please be as succinct as possible)

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SIGNATURE

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DATE

**Return this form and supporting documentation to:**  
**Delta Dental**  
**Health, Education & Research Fund**  
**Attention: Adrienne Lew, M/S 5B**  
**100 First Street**  
**San Francisco, CA 94105**