



# Southeastern Society of Plastic and Reconstructive Surgeons

## **2018 - 2019 Research Grant Application**

The Southeastern Society of Plastic and Reconstructive Surgeons (SESPRS) invites research grant proposals for 2 research scholarship awards in the amount of \$15,000 each. The applicant must be a member of SESPRS. These grants will be awarded at the 2018 Annual Meeting to the best research proposals submitted (see details on installment payments and progress reports on the next page). The research proposal must be related to plastic surgery and have a clinical application. It must be completed within 12 months of presentation of the award. The winners must present the resulting paper at the Society's 2019 Annual Meeting and are encouraged to submit a manuscript for publication to The Annals of Plastic Surgery, Plastic and Reconstructive Surgery or the Aesthetic Surgery Journal.

***The deadline for submission of the completed application is May 15, 2018.***

E-mail or Mail a copy of this application, along with your current Biosketch **(in NIH format)** to:

Southeastern Society of Plastic and Reconstructive Surgeons  
6300 Sagewood Drive  
Suite H255  
Park City, UT 84098  
(435) 901-2544

Applications may also be forwarded electronically to: [srussell@sesprs.org](mailto:srussell@sesprs.org)  
**with a cc to:** [brink2@uky.edu](mailto:brink2@uky.edu)

**When your submission is received you will be notified.**

## **Submission Instructions for your Research Grant Application**

The Southeastern Society of Plastic and Reconstructive Surgeons is required by the IRS to document the appropriate disbursement of funds as well as maintain progress reports on the funded programs. To assure that we meet this obligation, award recipients are required to provide a written progress report six months into the funding period. Half of the award amount will be distributed at the beginning of the funding period, with the remainder being distributed following receipt and approval of the six month progress report. It is the responsibility of the research grant award winner to do all the communication with the Southeastern Society of Plastic and Reconstructive Surgeons Research Grant Committee, not the sub-investigators or the research assistants. Failure to comply can only be interpreted by the Society as the failure to carry out the research and purposes which had been the basis for the grant itself. In an instance where an awardee fails to file a progress report in a timely manner, the SESPRS will be compelled to report to the appropriate federal and state tax authorities about the likelihood of inappropriate use of grant funds. Such failure to report shall also, of course, operate adversely with respect to any future grants to that institution or practice.

Once the award has been granted, the award recipient must contact the Society's offices if for any reason the protocol has changed. The notification must take place before research is to begin under the new protocol.

Award recipients must present their findings at the 2019 SESPRS Annual Meeting. The final progress report should list publications resulting from your study, as well as additional grant proposals you have submitted or support you have received because of this research funding.

Occasionally, the SESPRS will require information on subsequent grants, papers and presentations. All grant recipients must respond to these requests. As in all cases of funding, it is necessary to acknowledge SESPRS grant support in any oral or written papers.

### **Please use the following official grant application**

To facilitate your completion of this form and ensure success, the Research Grant Committee offers the following suggestions:

**Purpose:** A statement on the clinical relevance of the project is extremely important for this grant application.

**Background:** A concise summary of previous work. State your understanding of the available knowledge pertaining to the subject. Include your critical analysis of past deficiencies. If you have preliminary data of your own, include it here.

**Methods:** We want to know exactly how you are going to do the project. Approval must be received by the Human Assurance Committee or other regulatory committees from the appropriate institution.

**Budget:** Investigators will be funded up to \$15,000 by the SESPRS. The SESPRS does not pay for indirect or administrative costs. Payment will be made in two installments. The initial installment of one-half of the funded amount will be made upon selection following receipt by SESPRS of a signed acceptance form. The recipient will be required to submit a written progress report six months after the initial grant payment. Upon review of that report and determination by SESPRS that the grant is progressing appropriately, the second installment payment will be paid.

**Facilities:** Tell us where you are going to perform these studies. Your office? Laboratory?

**Previous Experience:** Not a prerequisite. A solid proposal will receive equal consideration without prior research experience. But if you do have research background, so indicate.

**Eligibility:** Applicant must be a Member or Candidate for Membership in the Southeastern Society of Plastic and Reconstructive Surgeons at the time of submission.

**Human or Animal Research Approval:** It is your responsibility to submit the grant application for review by your animal utilization or human subjects review committee for experimental work and to ensure it complies with the institution's regulations. All projects must receive prior approval. Please include letter of approval of human or animal protocol.

**NOTE:** If your address or other pertinent data changes after receiving a grant, be certain to notify the SESPRS Society office at 435-901-2544. (Susan Russell - [srussell@sesprs.org](mailto:srussell@sesprs.org))

**Completed Applications by mail:**

Southeastern Society of Plastic and Reconstructive Surgeons (SESPRS)  
6300 Sagewood Drive  
Suite H255  
Park City, UT 84098

**Completed Applications by e-mail:**

Brian Rinker, MD, SESPRS Research Grant Committee Chairman  
[brink2@uky.edu](mailto:brink2@uky.edu)

Susan Russell, SESPRS Executive Director      [srussell@sesprs.org](mailto:srussell@sesprs.org)

## 2018 - 2019 Research Grant Application

Using the application form provided, please complete in its entirety using a 12 point font and limiting your proposal to the spaces provided. DO NOT ATTACH ADDITIONAL PAGES. Applications disregarding the space limitations will be returned.

Please mark box which is most appropriate for this project:  Clinical  Basic Science

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Principal Investigator

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Mailing Address

City

ST

Zip

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Telephone

E-Mail Address

**IF THERE IS ANY CHANGE IN THE ABOVE PLEASE NOTIFY THE SOCIETY OFFICE**

Status:  Private Practice  Full-Time Academic Practice

Academic

Rank: \_\_\_\_\_

Project Title:

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**Purpose of Project:** (Explain briefly your specific aim. Describe the clinical relevance of the project)

**Background:** (Concisely summarize your understanding of previous work pertinent to your proposed study. Include, when applicable, your past experience and preliminary data. List three to five pertinent references detailing techniques or previous investigations. Cite references sparingly and then only parenthetically within the text.)

**Methods:** (Describe, with precision, how you plan to carry out your study. Include a description of the experimental design, patient selection, planned statistical methods, etc. Also define, where applicable, your mechanism for reviewing the safety of clinical investigations involving human subjects.)

**Budget:** (Please include consultants/statistical analysis costs, equipment, supplies, materials, animal costs, etc.)

**Collaboration:** (List, where applicable, basic scientists or other consultants you will use for collaborative assistance. What is their role? Attach a letter of support from each collaborator.)



**Facilities:** (In what institution/laboratory will these studies be carried out? Describe facilities. Must coincide with the place where you will be located for the length of the project.)

**Other Financial Awards and conflicts of interest:** (List all other sources of funds currently available or pending for the project or for closely related studies. Include both sources and amounts. If other sources provide salaries, capital equipment or supplies, please specify. Please disclose any potential conflicts of financial interest.)

**Previous Research Experience:** (Describe your prior investigative experience. Please include any SESPRS grants received in the past.)



**Certification:** By signing this application, I certify that use of human and animal subjects for this research complies with the guidelines of my institutional review board and animal utilization committees, and that this protocol has been approved by the local institutional review boards for experimental/clinical research. Each applicant must include the appropriate human subject and/or animal care approved documentation from your institutional review board and/or animal utilization committee.

**Ethics Statement:** I hereby certify that the above project will be conducted under the ethical standards and research policies currently existing in the institution where the research will be conducted. If the sponsoring institution does not have such a policy, I will adhere to the standards relating to the ethics in research espoused from time to time by the Public Health Service and the National Science Foundation. I further understand that violation of such standards could subject me to sanctions by the institution where the research will be conducted and/or by the Southeastern Society of Plastic and Reconstructive Surgeons.

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Investigator (please print)  
Date

Signature

**Sponsorship:** (if appropriate) Research grants are awarded to Members and Candidates for Membership of the SESPRS. By signing the application, the sponsor is agreeing to ensure that the Fellow or Resident will be available to carry out the proposed research him or herself. It is the responsibility of the Program Chair to oversee the completion of the project.

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Sponsor(please print)  
Date

Signature & SSN#

How long will the Resident/Fellow be available to carry out these studies under your sponsorship?

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What % of the Residents/Fellows' time will be "protected" to do this research?

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