**2024 AO Spine Middle East and Northern Africa (MENA) Research Award**

**Grant Application Form**

***Applications which do not conform completely to this application format, or which ignore or fail to comply with any part of the guidelines will NOT be considered. This includes word count and page numbers. Only proposals from registered AO members (i.e., AO Spine, AO Trauma, etc.) will be considered.***

# Part 1: General Information

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| **Project Title**  (max. 100 characters incl. spaces) | Click here to enter text. |
| **Amount requested in CHF**  (max. CHF 30'000) | CHF Click here to enter text. |
| **Research Field** | Spine deformity  Degenerative disc disease  Spinal cord injury  Spine trauma  Spine tumor  Other: |
| **Duration**  (max. 24 months) | Choose an item. |
| **Starting Date (within 2024, June-September)** | Click or tap to enter a date. |
| **Main Applicant: Principal Investigator** |  |
| First Name / Surname | Click here to enter text. |
| Academic Degree | Click here to enter text. |
| Institution | Click here to enter text. |
| Position Title & Department | Click here to enter text. |
| Address / City / State/Prov. / Country / Postal Code | Click here to enter text. |
| Phone Number | Click here to enter text. |
| Email Address | Click here to enter text. |
| **Co-Investigator 1** |  |
| First Name / Surname | Click here to enter text. |
| Academic Degree | Click here to enter text. |
| Institution | Click here to enter text. |
| **Co-Investigator 2** |  |
| First Name / Surname | Click here to enter text. |
| Academic Degree | Click here to enter text. |
| Institution | Click here to enter text. |
| **Co-Investigator 3** |  |
| First Name / Surname | Click here to enter text. |
| Academic Degree | Click here to enter text. |
| Institution | Click here to enter text. |
| **How did you hear about the AO Spine MENA Research Award?** | AO website  Email  Social Media  Colleague  Other: |

**INSTRUCTIONS**

* **All text must be in Arial 10 point, single spacing**
* **The margins of this document are 0.5 inches – do not modify**
* **Do not exceed the space allotment for each section. All figure (if included) must fit into the allocated space**
* **Remember that your grant may not be reviewed by a spine surgeon with in-depth technical knowledge of your specific research area**

# Part 2: Details of Proposal

1. **Describe your plans for how you plan to build a research network within the MENA region**
2. **Abstract (Project summary)**

(Please summarize the entire project. The abstract must be suitable to stand alone as, in case of approval, it will be published on our website. Do not exceed 2500 characters including spaces.)

1. **Background and Rationale (Outline the problem and describe why this project is needed)**

(Maximum 3 pages, including figures)

1. **Research Question (Describe the research question and specific aims of the project including hypothesis)**

(Maximum 1 page)

* 1. **What is your research question?**
  2. **What is your hypothesis?**
  3. **What are the specific aims you want to answer with this study?**

1. **Research Plan (Describe the methodology to answer the research question)**

Please include details of the study design, subjects, outcomes, methods for data collection, and sample size calculation/statistical methodology for analysis.

(Maximum 3 pages, including figures)

* 1. **Study design**
  2. **Subjects or materials**
  3. **Effect and outcome variables**
  4. **Methods for data collection and management**
  5. **Sample size calculation and power, and methods for statistical analysis**
  6. **Ethics approval**

(EC or IRB approvals, or anticipated ethical issues should be detailed)

* 1. **Time schedule**
     1. **Time schedule with milestones**
     2. **Deliverables**

1. **Reference List (if applicable)**

# Part 3: Finances

**Budget for entire proposed project period**

(Please note that amounts are in CHF)

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| **Personnel**  (Salaries applied to project including fringe benefits and social security)  Salaries for the applicants (main applicant and co-applicants) will not normally be approved. If the project is only possible with some funding for the applicants, it must be clearly shown that the funding requested is essential, project specific and well documented. Written and signed confirmation is required with the application that no alternative source of income (including salary, stipend, or grant) is available.  Reasons for funding main applicant and/or co-applicants: | | |
| **Name, First name** | **Academic qualification** | **Total (in CHF)** |
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| **Total costs for personnel** |  |  |

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| **Material**  (devices, equipment, extensions to existing equipment, etc.) | **Total (in CHF)** |
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| **Total costs for material** |  |

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| **Supplies**  (itemize below) | **Total (in CHF)** |
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| **Total costs for supplies** |  |

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| **Maintenance, rental of equipment**  (itemize below) | **Total (in CHF)** |
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| **Total costs rental of equipment** |  |

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| **Project related networking events and travel expenses, conventions** (itemize below; cannot exceed CHF 2'000 for conferences) | **Total (in CHF)** |
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| **Total costs for project related travel expenses, conventions** |  |

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| **Total budget for entire proposed project**  (in CHF) | **Total amount requested**  (in CHF) |
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**Existing resources**

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| **Personnel** | |
| **Name, First name** | **Percentage of project participation** |
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| **Existing Equipment** (describe below) |
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| **Existing Infrastructure** (describe below) |
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| **Financial sources** (describe below) |
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# Part 4: Other Support

If any other funding has been, is, or will be received for this study, its source and amount should be declared. Details of how this affects the study and the budget should be declared. If appropriate (e.g. if there could be a duplication of funding received from AO Foundation sources) a revised budget should be submitted.

**Is this application currently being submitted elsewhere?**

Yes

No

If Yes, to which organizations, and by what date is a decision expected?

Click here to enter text.

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| **Submitted to** | **Amount requested** | **Decision expected** |
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**Has this or a similar application been submitted elsewhere over the past year?**

Yes

No

If Yes, please give details, and explain how this does not overlap with your current application to the AO Foundation.

Click here to enter text.

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| **Submitted to** | **Decision** | **Amount requested** | **Amount approved** |
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**What are your plans for seeking subsequent funding to continue this project?**

# Part 5: Personal Data

(Do not send a separate CV)

**MAIN APPLICANT: PRINCIPAL INVESTIGATOR**

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| BIOGRAPHICAL SKETCH Provide the following information for the key personnel and other significant contributors in the order listed on Page 1. Follow this format for each person.  **DO NOT EXCEED FOUR PAGES.** | | | |
|  | | | |
| NAME (First and Last Name)  Click here to enter text. | POSITION TITLE & DEPARTMENT  Click here to enter text. | | |
| EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)* | | | |
| INSTITUTION AND LOCATION | DEGREE  *(if applicable)* | YEAR(s) | FIELD OF STUDY |
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1. **Positions and Employment.** List in chronological order previous positions, concluding with your present position.

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| **Position and Employment** | | |
| Year (date) | Position | Institution and location |
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1. **Honors.** List in chronological order previous positions, concluding with your present position.

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| **Honors** | |
| Year (date) | Description |
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1. **Selected peer-reviewed publications (in chronological order).** Do not include publications submitted or in preparation.
2. **Research Support.** Listselected ongoing or completed (during the last three years) research projects. Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project. Do not list award amounts or percent effort in projects.

**CO-INVESTIGATOR #1**

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**CO-INVESTIGATOR #2**

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| INSTITUTION AND LOCATION | DEGREE  *(if applicable)* | YEAR(s) | FIELD OF STUDY |
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| **Honors** | |
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**CO-INVESTIGATOR #3**

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| Year (date) | Description |
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# Part 6: Signature and Assurances

**Applicant**

I understand the role and responsibilities of serving as the primary applicant for this award, and to using project funds in a manner that is consistent with the terms outlined in the request for proposals.

Signature of Applicant ………………………………… Date…………………

**Please email this application by March 1, 2024 (23:59 CET) to:**

research@aospine.org