

**Research**

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[www.otcfoundation.org](file:///\\storage.erasmusmc.nl\m\MyDocs\517695\My%20Documents\Desktop\Project%20Proposals%202023\Vergaderstukken%20ReCo%2026%20Zurich%20%5bNovember%202015%5d\517695\AIOD\Project%20Proposals%202016\517695\AIOD\Project%20Proposals%202015\517695\AIOD\Project%20Proposals%202013\www.otcfoundation.org)

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| **OTC RESEARCH GRANT 2024/ APPLICATION FORM** |

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| **Objective.**  The objective of Research Grants is to encourage surgeons and basic scientists by providing seed and start-up funding for promising research projects in the field of orthopedic trauma surgery through Grants of up to US$ 50,000 for a research project extending over a maximum of two years. Both laboratory and clinical projects are suitable, but in either case clinical relevance must be explicitly and clearly described. |

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| **Deadline April 15, 2024.**  Applications which do not conform completely to the application format or which ignore or fail to comply with any part of the guidelines may be returned to the applicant and will not be considered unless re-submitted by the deadline. Completed forms should be sent by e-mail to [research.grants@otcfoundation.org](mailto:research.grants@otcfoundation.org). The application form and optional supplement must be sent as Word file, the signature page should be sent as PDF. |

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| **Eligible topics for Grants 2024.**  The general area targeted for applications is around the topic “Clinical research changing clinical practice”. In particular, grant proposals are invited in the subject areas listed below. Please select the subject area of your proposal:  ***Fracture-Related Infections:***  Diagnostics; including pre-, intra-, and post-operative methodologies  Therapeutics strategies; including optimization of host factors, biomaterials, coatings, phages, local antimicrobial therapies, and alternative approaches such as vaccines  Data sets; including big data, omics, and high dimensional data collection for clinical outcomes; and pre-clinical model database for basic research on infection  Classification system  Clinical trials or registries feasible to study FRIs |

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| **1** | **General information / Contact details** |

NB: at least one applicant should be an orthopedic trauma surgeon.

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| **1.1** | **Principal Investigator** | |
| Surname | |  |
| First name | |  |
| Academic Degree | |  |
| Position Title | |  |
| University / Hospital name | |  |
| Institute / Department | |  |
| Business address | |  |
| City, State, Zip | |  |
| Country | |  |
| Phone (incl. country and area code) | |  |
| Fax (incl. country and area code) | |  |
| E-mail address | |  |

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| **1.2** | **Co-Principal Investigator** | |
| Surname | |  |
| First name | |  |
| Academic Degree | |  |
| Position Title | |  |
| University / Hospital name | |  |
| Institute / Department | |  |
| Business address | |  |
| City, State, Zip | |  |
| Country | |  |
| Phone (incl. country and area code) | |  |
| Fax (incl. country and area code) | |  |
| E-mail address | |  |

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| **1.3** | **Reference Number**  Please compose your own reference number by adding the two initials (First name, followed by Family name) of both the Principal and the Co-Principal Investigator.  (Example of reference number: 2024-ASJD for Andy Smith and Jane Doe) |
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| 2024- | |

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| **1.4** | **Start date and duration of project** | |
| Start date | | -       -       (dd-mmm-yyyy) |
| Duration of project | |  |

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| **2.1** | **Biosketch of Principal Investigator** (max. 1 page and do not send a separate CV) |

**Biographical information**

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| **Surname, First name** |  |

**Education / Training**

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| **Institution and location** | **Degree** | **Year (date)** | **Field of study** |
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**Positions / Employment**

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| **Year (date)** | **Position** | **Institution and location** |
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## Other experience and professional membership

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| **Year (date)** | **Position** | **Institution and location** |
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## Honors

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| **Year (date)** | **Description** |
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| **2.2** | **Biosketch of Co-Principal Investigator** (max 1 page; do not send a separate CV) |

**Biographical information**

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| **Surname, First name** |  |

**Education / Training**

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| --- | --- | --- | --- |
| **Institution and location** | **Degree** | **Year (date)** | **Field of study** |
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**Positions / Employment**

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| --- | --- | --- |
| **Year (date)** | **Position** | **Institution and location** |
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## Other experience and professional membership

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| --- | --- | --- |
| **Year (date)** | **Position** | **Institution and location** |
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## Honors

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| --- | --- |
| **Year (date)** | **Description** |
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| **3** | **Detailed project information** (Sections 3.1 to 3.9 may not exceed 4 pages. One optional page containing only Tables/Figures (downloadable from the website) can be submitted separately. |

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| **3.1** | **Project title** (Max. 200 characters incl. spaces) |
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| **3.2** | **Executive summary** (max 2500 characters incl. spaces) |
|  | State you broad, long-term objectives and specific aims, making reference to the trauma care relatedness of the project. Describe concisely the research design and methods for achieving these goals. This description is meant to serve as a succinct and accurate description of the proposed work when separated from the application. Note: This summary may be included in our annual report. |
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| **3.3** | **Background** |
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| **3.4** | **Specific aims and hypotheses** |
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| **3.5** | **Pilot and/or previous data** |
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| **3.6** | **Research design: patients, materials and methods** |
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| **3.7** | **Sample size calculation** |
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| **3.8** | Data analysis / Statistical analysis |
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| **3.9** | **Clinical Relevance for orthopedic trauma patients** |
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| **3.10** | **Relevant publications of members of project group** (max. 10 publications) |
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| **3.11** | **References used in this application** (max. 20 publications) |
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| **3.12** | **Role of the orthopedic trauma surgeon in the project**  Provide the name of the orthopedic trauma surgeon(s) in the project, and specify the role in the project. |
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| **4** | **Ethics Review** |

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| **4.1** | **Has this proposal been evaluated by a Medical Ethics Committee?** |
|  | Yes, statement of approval is enclosed  No, statement of approval will be submitted before start of the study  No, evaluation is not required, because: |

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| **4.2** | **Has this proposal been evaluated by an Animal Ethics Committee?** |
|  | Yes, statement of approval is enclosed  No, statement of approval will be submitted before start of the study  No, evaluation is not required, because: |

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| **5** | **Finances** |

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| **5.1** | **Personnel costs** (salaries, including fringe benefits)  (Note: Requesting salary support for the Principal Investigator (PI) or co-PI is not allowed) | |
|  | **Surname, first name, academic degree** | **Total** |
|  |  | US$ |
|  |  | US$ |
|  | **Total costs for personnel** | **US$** |
|  | **Justification:** | |

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| **5.2** | **Permanent equipment** (itemize)  (Note: Standard office equipment and computer-related applications are not fundable, unless justified reasonably) | |
|  | **Description** | **Total** |
|  |  | US$ |
|  |  | US$ |
|  | **Total costs for permanent equipment** | **US$** |
|  | **Justification:** | |

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| **5.3** | **Consumable supplies** (itemize by category) | |
|  | **Description** | **Total** |
|  |  | US$ |
|  |  | US$ |
|  | **Total costs for consumable supplies** | **US$** |
|  | **Justification:** | |

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| **5.4** | **Animals and animal care** | |
|  | **Description** | **Total** |
|  |  | US$ |
|  |  | US$ |
|  | **Total costs for animals and animal care** | **US$** |
|  | **Justification:** | |

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| **5.5** | **All other expenses** | |
|  | **Description** | **Total** |
|  |  | US$ |
|  |  | US$ |
|  | **Total costs for all other expenses** | **US$** |
|  | **Justification:** | |

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| **5.6** | **Total funding requested** | |
|  | **Description** | **Total** |
|  | - Total costs for personnel (5.1) | US$ |
|  | - Total costs for permanent equipment (5.2) | US$ |
|  | - Total costs for consumable supplies (5.3) | US$ |
|  | - Total costs for animals and animal care (5.4) | US$ |
|  | - Total costs for all other expenses (5.5) | US$ |
|  | **Total costs** | **US$**  **(max. US$50,000)** |

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| **6** | **Additional funding / Conflict of Interest** |

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| **6.1** | **Is this project proposal currently submitted to another funding organization?** | | | |
|  | No  Yes, see specification below: | | | |
|  | **Submission**  **date** | **Organization** | **Amount**  **requested** | **Decision** |
|  |  | US$ |  |
|  |  | US$ |  |
|  |  | US$ |  |
|  |  | US$ |  |
|  | **Relevant information:** | | | |

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| **6.2** | **Is this grant sufficient to cover costs for the entire project?** |
|  | Yes  No |
|  | **If additional funding is needed to complete the project, how much additional funding is needed, and how will that be secured?** |
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| **6.3** | **Are there any conflicts of interest with (commercial) 3rd parties related to individual project members or the content of the proposal, or can they be foreseen?** |
|  | No  Yes, namely: |

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| **7** | **Signatures** |

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| **7.1** | **Applicant / Principal Investigator** | |
|  | Name |  |
|  | Date |  |
|  | Signature |  |

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| **7.2** | **Co-applicant / Co-Principal Investigator** | |
|  | Name |  |
|  | Date |  |
|  | Signature |  |