

# **CLAO ERF/Sjögren's Syndrome Foundation Scientific Research Award 2011**

## **Program Description**

The Contact Lens Association of Ophthalmologists Education and Research Foundation (CLAO ERF) in partnership with the Sjögren's Syndrome Foundation (SSF) announces the availability of one Scientific Research Grant to be awarded November 30, 2011. This award will be for \$3,000 and is intended to provide support for proposals specifically concerned with issues directly related to dry eye and ocular surface disease. The anticipated research term is three to six months.

## **Deadline for submission is October 30, 2011**

The Award will be made on the basis of scientific merit according to the following criteria:

### **Eligibility**

1. The applicant must be working towards an advanced degree
2. Ophthalmologists, optometrists, technicians, nurses, optometry students, ophthalmology residents and fellows, medical students supervised by a scientist associated with an academic institution in the United States are eligible.

### **Grant Requirements**

1. The research project must be relevant to the mission of the CLAO ERF and SSF as stated in the program description.
2. The award recipient must provide assurance that research protocols comply with appropriate ethical guidelines for the use of experimental animals and human subjects.
3. The principal investigator will prepare a final report describing the progress and status of the research project at the completion of the award interval.
4. Scientific publication resulting from the research grant is encouraged and shall be submitted first to the peer-reviewed Journal *Eye and Contact Lens: Science and Clinical Practice* for consideration for inclusion in the publication. Any publication is to acknowledge support of the research by the CLAO ERF and SSF.
5. The grant recipient is encouraged to submit an abstract of their research findings for presentation at a CLAO scientific meeting.
6. This award may not be used to support a project already funded by another granting agency.
7. Research funds may not be utilized for Institutional overhead or other indirect costs.

## **Budget**

1. Total budget will be \$3,000.
2. Travel, indirect costs, and salary support for the principal investigator must not be included in the budget costs.
3. Financial support is provided for consumable supplies and equipment necessary for the proposed investigation. However, no more than 50% of the research funds may be used for major equipment purchases.
4. This research award is designated for a 3-6 month interval. Unexpended and unobligated funds remaining after the one-year grant period should be returned to the CLAO ERF/SSF.

## **Application**

The application form describing goals, background, methods and materials, and budgetary analysis must be completed. Applications should be typed and returned to the offices of the Contact Lens Association of Ophthalmologists Education and Research Foundation. **Applicants in training, residents, fellows, optometric students, technicians, and nurses must submit a letter from the scientific supervisor regarding the capabilities of carrying out the proposed research study.** A *curriculum vitae* of the principal investigator and/or scientific supervisor should be enclosed. This letter must address the applicant's capabilities for carrying out the research and the available facilities.

Completed applications and questions regarding the grants program should be emailed to [eyes@clao.org](mailto:eyes@clao.org) or submitted via regular US mail to:

**CLAO ERF  
2025 Woodlane Avenue  
St. Paul, Minnesota 55125**

**Fax copies are not acceptable. If submitting by US mail, please submit one original and three (3) copies of the completed application. Please do not exceed the space allowed for describing the proposal or your application may not be considered for funding.**

**CLAO Education and Research Foundation (CLAO ERF)  
2025 Woodlane Avenue  
St. Paul, Minnesota 55125**

**APPLICATION FOR CLAO ERF/SSF SCIENTIFIC RESEARCH AWARD**

Date \_\_\_\_\_

1. Title of Research Proposal: \_\_\_\_\_  
(56 characters maximum)

2. Principal Investigator: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

3. Scientific Supervisor: \_\_\_\_\_  
(Needed for applicants-in-training, optometry students, nurses, technicians, residents and fellows)

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

4. \*Co-investigator(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*PLEASE ATTACH CONTACT INFORMATION FOR EACH**

5. Organization to which award should be made: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

ENSURE THAT THIS IS THE PROPER ADDRESS. FUNDS WILL BE SENT TO THE ABOVE ADDRESS ONLY!!

6. Total Budget Request: \_\_\_\_\_

7. **IMPORTANT PLEASE READ**

**If the project is approved for support, I agree to provide a project report and financial statement at the completion of the research project. I agree to return to the CLAO ERF/SSF any unexpended funds. I agree to acknowledge support of the CLAO ERF and SSF in all publications resulting from this grant. I have not applied nor have been awarded governmental or philanthropic funding to carry out this project.**

(Signed) \_\_\_\_\_  
Principal Investigator

(Signed) \_\_\_\_\_  
Department Chairman or Scientific Supervisor (if applicable)

**PLEASE USE ONLY THE SPACE PROVIDED. COMPLETE ALL ITEMS. THE ONLY ATTACHMENTS SHOULD BE THE CURRICULUM VITAE FOR PRINCIPAL INVESTIGATOR AND SCIENTIFIC SUPERVISOR(S), IF ANY. ALL APPLICATIONS SHOULD BE TYPED. PLEASE PROVIDE ONE ORIGINAL AND 3 COPIES IF SUBMITTED VIA US MAIL. FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY DISQUALIFY THE APPLICATION FROM CONSIDERATION.**

8. **State the specific aim(s) of this study.**

**9. Summarize previous studies related to this project.**

**10. What is the significance of this study to dry eye/or ocular surface disease?**

**11. Research Plan - Provide a concise description of the methodology to be used. Relate the research techniques directly to the specific aim(s).**

**12. What are your qualifications to carry out this study?**

**13. What facilities do you have to carry out this study? List responsibilities of key personnel pertaining to this study.**



**Laboratory Animals as stated in the regulations of the Department of Health & Human Services.**

**This is to certify that \_\_\_\_\_(Institution) is in compliance with the principles for use of laboratory animals under the regulations of the Department of Health & Human Services.**

**This is to certify that the research grant entitled \_\_\_\_\_**

**\_\_\_\_\_submitted by \_\_\_\_\_  
for consideration by the CLAO ERF/SSF has been reviewed by the appropriate institutional committee and approved with the respect to compliance with the principles for the care, use and treatment of experimental animals under the regulations of the Department of Health & Human Services.**

**(Signed) \_\_\_\_\_ Date \_\_\_\_\_  
(Institutional Official)**

**B. Human Subjects:**

**Safeguarding the rights and welfare of human subjects involved in research supported by the CLAO ERF/SSF is the responsibility of the institution to which the support is awarded. It is the policy of the CLAO ERF/SSF that no grant to support research involving human subjects be made unless the research is given initial and continuing review and approval by an appropriate committee of the applicant's institution. This review should assure that (a) the rights and welfare of the individuals involved are adequately protected, (b) the methods used to obtain informed consent are adequate and appropriate, and (c) the risks to the individual are outweighed by the potential benefit of him or her by the importance of the knowledge to be gained.**

**This is to certify that \_\_\_\_\_  
(Institution)**

**is in compliance with the U.S. Department of Health and Human Services, Public Health Service requirements regarding the initial and continuing review of research involving human subjects.**

**This is to certify that the research grant entitled \_\_\_\_\_**

**submitted by \_\_\_\_\_  
for consideration by the CLAO ERF/SSF has been reviewed by the appropriate institutional committee and approved with the respect to the study of human subjects as adequately protecting the rights and welfare of the individuals involved, employing adequate methods of securing informed consent from these individuals, and not involving undue risk in the light of the potential medical benefits to be derived therefrom.**

**(Signed) \_\_\_\_\_ Date \_\_\_\_\_  
(Institutional Official)**

**Please attach copies of the consent form and IRB approval statement.**