

**OPTOMETRIC GLAUCOMA SOCIETY  
RESEARCH SUPPORT APPLICATION FORM**

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| <b>1. Principal Investigator:</b> | <b>2. Date:</b> |
|-----------------------------------|-----------------|

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| <b>3. Title of Project:</b> |
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| <b>4. Human IRB Approval Pending?</b><br>Yes or No or NA | <b>5. Animal IRB Approval Pending?</b><br>Yes or No or NA |
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| <b>6. Overview of Project:</b> |
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| <b>7. Total Funding Requested: \$</b> |
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| <b>8. Budget for Requested Funds:</b> |
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**9. Budget Justification for Requested Funds:**

**10. Overall Budget for Entire Project:**

**11. Progression to Other Sources of Support:**

**12. Publications from Previous Support:**

**13. I agree to acknowledge the appropriate funding source (Optometric Glaucoma Society) in all publications and presentations resulting from the funding provided. In addition, I will return all unused funds remaining at the end of the 12-month period following the date of award.**

**Signature:**

## EXPLANATORY NOTES

**Items 1 - 2:** Priority to be given to members of the Optometric Glaucoma Society. Annual deadlines for application are January 1, April 1, July 1, and October 1.

**Item 3:** Title of the clinical or clinically-oriented research project in 50 spaces or less.

**Items 4 & 5:** Indicate whether human or animal IRB approval has been submitted or if approval is not applicable (NA). To qualify, your research project must be pending approval from the appropriate IRB, if applicable. Prior to allocation of funds to your project, if accepted, approval of the appropriate IRB will be necessary.

**Item 6** Overview of the project in the space provided. Briefly relate the background, hypothesis, methodology, anticipated results, and importance of the clinical or clinically-oriented research project in an abstract format. Indicate your sample size and how the sample size was arrived at. If you can not fit your overview into the space provided, limit your overview to one page, single-spaced, on a separate, attached, single-sided sheet. Priority will be given to proposals involving excellent scientific ideas in a clinical or clinically oriented research project.

**Items 7 & 8:** Indicate the total amount of funding requested and the budget delineating how the support will be used. To qualify, your request must be for equipment, supplies, and/or technical support. Subject inducement fees will not be funded unless they are absolutely critical to the completion of the project, and you must strongly justify them in Item 9, below. No support will be given for travel, salary, publication costs, presentation costs, or indirect costs. An annual award limit of \$ 5,000 will apply.

**Item 9:** Justify the requested funds. Why are these funds needed and what else have you done to obtain funding for this project? Could the project be performed without the requested support? Why not?

**Item 10:** Indicate the overall budget for the entire clinical or clinically-oriented research investigation, for comparison to Items 7 and 8.

**Item 11:** Indicate how completion of this proposal will enhance your ability to obtain funding from external sources. Priority will be given to clinical or clinically oriented projects that: (1) will be used as a basis for external grant or contract support; and/or (2) are pilot investigations

**Item 12:** Cite those referee-quality publications which were the partial result of previous support awarded to you by the Optometric Glaucoma Society. Attach a copy of each cited publication to the application form.

**Item 13:** Read and sign on the space provided.