



THE AESTHETIC SURGERY EDUCATION  
AND RESEARCH FOUNDATION

# ASERF Interim Research Grant Application

All grant applications must be completed and submitted electronically as a PDF to [aserf@surgery.org](mailto:aserf@surgery.org).

**Handwritten applications will not be accepted.**

The Aesthetic Surgery Education & Research Foundation

11262 Monarch Street, Garden Grove, CA 92841

Phone: 562-799-2356 • Fax: 562-799-1098

Email: [aserf@surgery.org](mailto:aserf@surgery.org)

# Submission Instructions for Your ASERF Interim Research Grant Application

Please use the attached official Interim Research Grant Application and read this page in its entirety before beginning the application. Do not exceed the space provided. Applications will be reviewed quarterly and you will be notified of the decision within a reasonable period of time.

The Aesthetic Surgery Education & Research Foundation (ASERF) is required by the I.R.S. 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 will be required to provide financial and presentation progress reports at 6-month intervals. Failure to comply will result in the inability to be considered for future grants. The final progress report should list additional grant proposals you have submitted or support you have received because of this research funding.

**Note:** If your address or other pertinent data were to change at any time after submitting this application, you must notify ASERF.

**To facilitate your completion of this form and ensure success, the ASERF Scientific Research Committee offers the following suggestions and requirements:**

**Purpose** – A statement on the clinical relevance of the project is perhaps the most important information you can provide. List your hypothesis and specific aims.

**Background/ References** – List a concise summary of previous work. State your understanding of the available knowledge pertaining to the subject and include your critical analysis of past deficiencies. If you have preliminary data of your own, include it here.

**Methods** – We need to know exactly how you are going to do your research. For human subject review, simply tell us what safeguards you have selected (patient permission forms, etc., or use guidelines established by nearby medical schools or those of your own hospital).

**Facilities** – Tell us where you are going to perform these studies. Your office, laboratory, other (please describe), etc.

**Budget** – ASERF will consider budget requests of projects for any amount. A comprehensive budget *must* be submitted with the proposal. The ultimate decision on the funding will be determined by the Scientific Research Committee and the ASERF Board of Directors. ASERF is reluctant to fund capital equipment purchases unless satisfactory justification is provided. Most of the award should go to the execution of the project, not to the purchase of equipment. **ASERF does not pay for indirect or administrative costs or salaries.**

**Sponsor** – Note that Residents, Fellows and non-members require the sponsorship of a Member or Candidate for Membership of The Aesthetic Society. Most projects should be completed within 12 months following the start date. Longer terms for projects must be documented on the grant application.

**Eligibility** – Applicant must be a Plastic Surgeon, MD, or PhD working in Plastic Surgery.

**Human or Animal Research Protocol** – 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 a prior approval letter from your animal or human investigative review board. Applications without this approval letter, **WILL NOT** be processed.

**Payment Process:** ASERF pays 25% upon receipt of a signed acceptance letter and proof that an IRB is in place. If the signed acceptance letter, payee name and address information and proof of IRB are not received within 6 months after the date of grant approval by the ASERF Board of Directors, the Board reserves the right to deny funding of the grant, and you will need to re-apply for the grant using this application. (In the case of an exemption to IRB requirement, please provide documentation)

The second 25% installment will be paid upon the first milestone, approximately 6 months from the study start date, and when the first progress report is submitted to ASERF. The next 25% will be paid approximately 6 months after that time pending receipt of a second progress report to ASERF. The remaining 25% will be paid upon receipt of the final report with a budget reconciliation submitted to the ASERF office. Additionally, a manuscript based on the research results must be submitted to *Aesthetic Surgery Journal (ASJ)*. As a condition of funding, additional information may be required on subsequent grants, papers, and presentations. Grant recipients must respond to these requests. As in all cases of funding, it is necessary to acknowledge the ASERF grant support in any oral or written papers. *ASJ* will have the first right of refusal on public works. Research progress must be presented at the ASAPS/ ASERF Research and Innovative Technology Luncheon during the Annual Meeting.

Any unused funds must be returned to ASERF within 30 days of project completion.

Only ONE project will be funded at a time, per investigator. If you are currently receiving ASERF funding for a study, additional applications will not be considered until all funding is complete on the initial study. Additionally, only one application per investigator will be considered per quarter. Should you have multiple studies for consideration, please choose ONE to submit to ASERF.

## ASERF Interim Research Grant Application

Please complete all of the following pages in a 12-point font and limit your proposal to the space provided.  
Applications disregarding the space limitations will be rejected.

Principle Investigator: \_\_\_\_\_

ASAPS Member  ASAPS Candidate for Membership

*\*If neither, please complete the Sponsorship section below.*

Affiliation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Status:

Private Practice

Full-Time Academic Practice

Resident/Fellow

Total amount requested: \$ \_\_\_\_\_

IRB Required: \_\_\_\_\_ IRB Exempt: \_\_\_\_\_ (documentation attached)

Grant title (60 characters maximum): \_\_\_\_\_

Is there a patent or has anyone applied for a patent on anything related to this research project? Yes  No

If yes, please explain: \_\_\_\_\_

**\*Sponsorship:** Research grants are awarded to Members and Candidates for Membership of The Aesthetic Society or to Residents/Fellows sponsored by one of the above. If you are not a Member or Candidate for Membership, please ask your sponsor to sign below and answer the questions that follow. By signing the application, the sponsor is agreeing to ensure that the Resident/Fellow will be available to carry out the proposed research him or herself.

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

What percent of the Resident's/Fellow's time will be "protected" to do this research? \_\_\_\_\_

Sponsor (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_

**Purpose of the Project:** (Briefly explain your hypothesis and specific goal. Describe the clinical relevance of the project.)

**Background:** (Concisely summarize your understanding of previous work pertinent to your proposed study. Include, when applicable, your 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 model, 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 itemize the specific supplies necessary to accomplish the specific aims. The budget needs to be detailed and include all expenses referred to on the proposed methods. ASERF will consider budget requests of projects for any amount. The ultimate decision on the funding will be determined by the Scientific Research Committee and the ASERF Board of Directors. ASERF is reluctant to fund capital equipment purchases unless satisfactory justification is provided. Most of the award should go to the execution of the project, not to the purchase of equipment. ASERF does not pay for indirect or administrative costs or salaries. **Please note that ASERF, being a 501(c)3 Foundation, requires Universities to remove all indirect costs for ASERF sponsored research. Please TOTAL and enter amount on Page 3 of this application.**)

--

**Collaboration:** (List, where applicable, basic scientists or other consultants you have selected 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 the facilities that 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 indicate any ASERF grants received in the past.)

By signing this application, I agree to abide by the conditions listed in the Submission Instructions.

**Certification:** I certify that use of human and animal subjects for this research complies with the guidelines of my instructional 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 approval documentation from your institutional review board and/or animal utilization committee.**

**Indemnification:** I hereby agree to hold harmless, defend and indemnify ASERF, including all related individuals responsible for approving or funding this project, as to any and all fines, costs or legal fees resulting from any regulatory or legal even related to this project.

**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 exposed from the 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 Aesthetic Surgery Education and Research Foundation.

Investigator (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Investigator Signature: \_\_\_\_\_

SS# \_\_\_\_\_ Employer Tax I.D.#: \_\_\_\_\_

**This application must be completed electronically and forwarded as a PDF to [aserf@surgery.org](mailto:aserf@surgery.org)**