

MIDWEST PAIN SOCIETY
2015 Robert G. Addison, MD and E. Richard Blonsky, MD
Research Grants

*These grants are offered in honor of
Robert G. Addison, MD and E. Richard Blonsky, MD.*

Dr. Addison was a founding member of the MPS. He was also the first president of the society and served on multiple committees those early years. The consensus of an informal survey of past MPS presidents was that the MPS would not have become as successful as it is today had he not played such a pivotal role in the 1970s (see MPS Update, June 2005). In addition to his work with the MPS, during his active years as a clinician, Dr. Addison initially practiced as a very busy orthopedic surgeon and later served chronic pain sufferers as founder and Director of the Center for Pain Studies at the Rehabilitation Institute of Chicago (RIC). He also was elected president of the American Pain Society (APS) and the American Academy of Pain Medicine (AAPM). He served on numerous committees of these organizations, the IASP, and similar societies. The pain community lost a long-standing leader and advocate with Dr. Addison's passing in 2011.

Dr. Blonsky was also a past president of MPS. He was passed the MPS torch, and his passion for the small but growing society helped advance it for over two decades. Many times he was not listed as a member of a particular committee, yet he did as much or more work as many committee members to ensure a top-rated meeting. People take volunteer positions for many reasons. Dr. Blonsky volunteered solely to advance the mission of the MPS. Dr. Blonsky was also a past president of the American Academy of Pain Medicine (AAPM), and served on committees of several pain and neurological organizations. He was Director of Pain Studies at the RIC for seven years and he directed the Pain & Rehabilitation Clinic of Chicago (PRCC) beginning in 1993. He held the rank of Clinical Professor of Neurology at the Feinberg School of Medicine of Northwestern University until his passing in late 2009.

APPLICATION

INSTRUCTIONS:

For student/resident/fellow applicants:

The grant application process includes the following components:

- Application form, (including abstract, budget (up to \$3,000) with justification, four page description of your proposed research, references);
- Letter of support from your MPS member sponsor/supervisor/advisor endorsing your project and guaranteeing institutional resources as outlined in your application;
- One to two page CV/Biosketch;
- You must be a student/resident/fellow member of the MPS to apply. Your advisor must also be a MPS member.

For MPS member applicants:

The grant application process includes the following components:

- Application form, (including abstract, budget (up to \$5,000) with justification, four page description of your proposed research, references);
- One to two page CV/Biosketch;
- You must be a member of MPS to apply.

For ALL applicants:

Complete this form. (Incomplete applications will not be considered.) Attach the additional documents. A multidisciplinary team of pain specialists (e.g., nurse, physician, psychologist) will review each application without knowing the identity of the individual submitting the application or the identity of the individual's advisor/supervisor or institution. Once an application is determined to have sufficient scientific merit to be considered for funding, the committee will subsequently review the credentials of the applicant and sponsor to evaluate their ability to complete the proposed research.

Applications must be submitted electronically:

- All submissions should be in Microsoft Word or Adobe PDF format.
- In order to ensure anonymity, ensure that parts 1 and 2 of the application are on separate files. Do not include any identifying information (e.g. your name, institution, or sponsor) in Part 1.
- Submit the application materials to grants@midwestpainsociety.org You can email questions to this same email address. Please include "MPS grant program" in the subject line.

MIDWEST PAIN SOCIETY ADDISON/BLONSKY RESEARCH GRANT APPLICATION

PART 1 – Description of Study

1.1 - Title of Project:

1.2 - Human Subjects Research?

Yes No

If the research involves human subjects, a copy of the proposed consent form must be included. If funded, and a copy of the relevant Institutional Review Board's acceptance of the project must be provided to MPS prior to funds being provided, but this is not required at the time of application.

1.3 - Vertebrate Animals?

Yes No

If Yes, IACUC Approval Date:

Animal Welfare Assurance Number:

1.4 - Research Exempt?

Yes No

If Yes, Exemption Number:

1.5 - Dates of Proposed Period of Support

(Month, day, year – MM/DD/YY)

From: To:

Costs Requested for budget Period: \$ (not to exceed \$5,000)

1.6 - Abstract (Not to exceed 300 words).

Please provide an abstract summary of your research study, including the following elements:

- **Project Summary**, meant to serve as a succinct and accurate description of the proposed work. State the application's broad, long-term objectives and specific aims, making reference to the pain relatedness of the project. Describe concisely the research design and methods for achieving the stated goals.
- **Relevance**. Briefly, in two or three sentences, describe the relevance of this research to pain. In this section, be succinct and use plain language that can be understood by a general, lay audience.

1.7 - Body of Application (maximum four pages of text, 11 point font)

Submit a narrative that includes project aims, background, method and proposed analyses. A single page of references may be included, in addition to the four-page application text.

1.8 - Budget Justification

Please provide a line item expenditure budget, with justification for each expenditure. Only direct costs will be funded. Do not include costs for salary support or tuition reimbursement. Do not include indirect costs.

Category/Description	Amount	Justification
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Total

MIDWEST PAIN SOCIETY ADDISON/BLONSKY RESEARCH GRANT APPLICATION

PART 2 – Applicant, Sponsor, Organization, and Key Personnel

2.1 - Applicant:

Name:

Degrees:

Institution:

Department, Service, Lab or Equivalent:

Mailing Address (street, city, zip):

Telephone:

Fax:

E-mail:

2.2 - Principal Investigator/Supervisor/Advisor (Required for Student/Resident/Fellow applicants only)

Name:

Title:

Address (street, city, state, zip):

Tel: Fax:

E-mail:

2.3 - Biosketch

Submit a biosketch in NIH format

2.4 - Applicant Organization (location where research will be conducted)

Name:

Address (street, city, state, zip):

Tel: Fax:

E-mail:

2.5 - Letter of Support (Required for Student/Resident/Fellow applicants only)

Submit a letter of support from your supervisor or advisor endorsing your project, you as a candidate for this grant, and guarantees institutional resources required to complete this research study.

2.6 - Official signing for organization where research will be completed.

Name:

Title:

Address (street, city, state, zip):

Tel: Fax:

E-mail:

2.7 - Key Personnel

In addition to the principal investigator (PI), Key Personnel are defined as individuals who contribute to the scientific development or execution of the project in a substantive, measurable way. Typically, these individuals have doctoral or other professional degrees, although individuals at the masters or baccalaureate level should be included if their involvement meets the definition of Key Personnel. Consultants should also be included if they meet the same definition. Key Personnel must devote measurable effort to the project. "Zero percent" effort or "as needed" are not acceptable levels of involvement for those designated as Key Personnel.

Last Name First Name Organization Role

2.8 - Applicant Certification and Acceptance:

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. I agree list under any and all presentations and publications of research resulting from this funding the full name of the grant obtained. I understand that the Midwest Pain Society is not responsible (financially or otherwise) for any adverse events or unanticipated problems associated with the research. I further agree to submit the research results within two years of funding to the MPS and APS for presentation

Signature: _____ Date: _____

2.9 - Principal Investigator/Supervisor/Advisor/Program Director Assurance:

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I understand that the Midwest Pain Society is not responsible (financially or otherwise) for any adverse events or unanticipated problems associated with the research. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

Signature: _____ Date: _____

2.10 - Applicant Organization Certification and Acceptance:

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. I understand that the Midwest Pain Society is not responsible (financially or otherwise) for any adverse events or unanticipated problems associated with the research.

Signature of official named in 2.6 above: _____ Date: _____