



Executive Office
85 W. Algonquin Road, Suite 550
Arlington Heights, IL 60005
800.65.OSSEO or 847.439.1919
Fax : 800.41.OSSEO or 847. 439.1569

OSSEOINTEGRATION FOUNDATION

Charitable Grant

Each year, the Osseointegration Foundation (OF, or the Foundation) provides grants of up to \$10,000 to subsidize the care of eligible individuals. Grants are issued “when the intended function result is completed,” but before the required three-year follow-up. This grant does not restrict how or where these funds are allocated by the service provider as long as the entire grant is spent directly on patient care and treatment in the domain of osseointegration. Under no circumstances is the patient receiving care through this grant program to be charged by the providers for any services rendered.

Participants in the grant program, including care providers and corporate partners, will receive recognition at the Academy of Osseointegration’s (AO’s, or the Academy’s) annual meetings and in AO’s newsletter, *Academy News*, and OF’s annual reports.

An independent committee, appointed by the Osseointegration Foundation, will review all grant applications annually. The number of grants awarded each year is based on the funds available as determined by the Osseointegration Foundation Board of Directors.

Recipients of the award will be notified in writing via the United States Postal Service.

Both care providers and corporate partners may use participation in this program for public relation purposes.

GENERAL CRITERIA

Three categories of funding eligibility are evaluated: Care providers; patients; and corporate partners. Within each of these categories is specified criteria that allow for objective consideration of each proposal.

CARE PROVIDER ELIGIBILITY

The primary care provider in each grant application must be a member of the Academy of Osseointegration. (Because of the range of skills anticipated to restore occlusions of many physically challenged individuals, these procedures can be excellent teaching and learning opportunities. Special consideration is given to applicants able to include student education within the execution of the grant-funded project.) Each care provider must agree to the following:

1. The funds provided will be used for the care and treatment of only the individual (i.e., patient) specified in the application. These funds may subsidize all or part of the care needed by the patient, and a commitment to complete therapy and provide follow-up is implied and required when the provider accepts the grant funding.
2. Proposals will only be funded if the diagnosis and treatment plan for a particular patient is submitted for evaluation as part of the proposal. The identity of a patient is irrelevant to the evaluation of any proposal, so anonymity can be assured.
3. Documentation, both pre- and post-operative, in the form of projection-quality slides and radiographs, is required for each grant-funded case. This documentation will remain the property of the care provider, but can be used by the Osseointegration Foundation in promotional and/or fundraising activities, or otherwise, at the discretion of the Foundation. Any documentation use will be accompanied by appropriate by-line credits to the provider and any commercial support agency involved. A patient release form will be required for this purpose.
4. Three-year follow-up is required. Follow-up will consist of the documentation (as described in Item 3 of this section) submitted to the Osseointegration Foundation on an annual basis.

PATIENT ELIGIBILITY

A grant proposal must include specific information about the patient to be treated. Only proposals specifying particular individuals will be considered. For each proposal, the following patient criteria will be evaluated:

1. **Physical Disability:** There must be presentation of a disability that is amenable to implant therapy and for which implant treatment would significantly improve the patient's functional deficit and lifestyle.
2. **Economic Status:** There must be documented inability to receive needed implant therapy because of economic constraints of the patient. Economic hardship, however, is not the primary or sole criterion for awarding of these grants.
3. **Emotional Well Being:** The benefits of psychological or emotional improvement from implant therapy will be considered in the award selection process.

CORPORATE PARTNER ELIGIBILITY

The design of this program requires involvement of OF's commercial partners to provide service and/or hardware for the patients who become grant-funded. Individuals involved in this grant program may not solicit additional funding from these partners or any other organizations for any particular patient's care. Participants must specify the particular products (including manufacturers of the products) at the time of grant application. The following guidelines address this aspect of the grant program:

1. A commercial entity, once designated by the author of a successful grant proposal, will be invited to support the care of the grant patient through donation of implants or implant hardware as needed to complete the proposed treatment. If the originally requested corporate entity is unwilling to or can not participate, another supplier will be approached (by the Foundation) with the applicant's approval. Instrumentation or delivery hardware is not included in this support request.
2. The committee will make every reasonable effort to ensure that requests for commercial support is evenly distributed among potential corporate partners. No single corporate entity is expected to support, by donation, an inequitable portion of services or hardware.

Note: The Osseointegration Foundation can not be held responsible nor be subject to prosecution if there are difficulties involved in the course of a patient's treatment.

Description of Patient (Please include age and any risk factors, e.g., diabetes, smoking,. Attach a separate page if necessary.):

▪ **Preferred Implant System (be specific):**

▪ **Preferred Grafting Materials (be specific):**

▪ **Preferred Barrier Methods (be specific):**

▪ **Preferred Materials (be specific):**

Name: _____
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- In approximately 1,000 words, please describe the nature of the patient's dsfigurement, pathology, and/or congenital damage. (Attach a separate page if necessary.):

Submit application to:

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