



**Academy of
Osseointegration**

Advancing the Vision of Implant Dentistry

Executive Office

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OSSEOINTEGRATION FOUNDATION

2003-2004 CHARITABLE GRANT APPLICATION CRITERIA AND ELIGIBILITY

AWARD/DETERMINATION

The Osseointegration Foundation/Academy of Osseointegration Liaison Committee review all grant applications on an annual basis. The number of grants awarded each year will be based on the level of fund disbursement available as determined by the Board of Directors.

The awards will be determined quarterly (every 4 months) and the recipients will be notified by the end of each quarter; January 1, April 1, July 1 and October 1. Exceptions in this schedule may be made to assure program implementation as soon as possible.

AWARDS/GRANTS

Each year the Osseointegration Foundation shall make available ten (10) grants of up to \$4,000 for subsidizing the care of eligible individuals. Each grant will be issued upon completion of those portions of the case "when the intended function result is completed," but prior to the required three-year follow-up. This grant does not restrict how or where these funds are to be 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 will the patient receiving care through this grant program be charged by the providers for any services rendered.

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

Additionally, participants in the grant program, including both care providers and corporate partners, will receive narrative recognition at all opportunities (i.e. at official Academy meetings), and visual recognition in several forums: the Academy of Osseointegration's newsletter, *Academy News*; the Academy Bulletin Board in the *International Journal of Oral and Maxillofacial Implants*; the Osseointegration Foundation Report.

GENERAL CRITERIA

Three categories of funding eligibility will be evaluated: providers; patient; and partner. Within each of these categories are criteria that have been quantified to allow objective prioritization of each proposal.

CARE PROVIDER ELIGIBILITY

The primary provider in each grant application must be an established supporter of the Osseointegration Foundation of the Academy of Osseointegration. [Note: because of the range of skills anticipated for the restoration of occlusion of many physically challenged individuals, these procedures can be excellent teaching/learning opportunities. Special consideration will be 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 only for the care and treatment of the individual (patient) specified in the application. These funds may subsidize all or part of the care needed by the patient, but that a commitment to complete therapy and follow-up (see below) 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 the patient is irrelevant to evaluation of the proposal, so anonymity can be assured.
3. Documentation, both pre- and post-operatively 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 Foundation in promotional and/or fundraising activities, or otherwise at the discretion of the Foundation for a period up to five (5) years following the restoration of intended function. Any use of this documentation will be accompanied by appropriate by-line credits to the provider and any commercial support agency involved. A Patient Release form will also be required for this purpose.
4. Three-year follow-up is required. Follow-up will consist of the documentation described above (3), submitted to the Osseointegration Foundation on an annual basis.

PATIENT ELIGIBILITY

The grant proposal must include specific information about the patient to be treated. Only proposals specifying a particular individual to be treated will be considered for funds by the Liaison Committee. The following criteria should be evaluated for the patient in each proposal:

1. **Physical Disability:** Presentation of a disability, which would be amenable to implant therapy and where implant treatment would significantly improve the patient's functional deficit and lifestyle.
2. **Economic status:** Documented inability to receive needed implant therapy due to economic constraints in a patient who qualifies for Criterion 1 (above). Economic hardship should not be the primary or sole criterion for awarding of these grants.
3. **Emotional well being:** The benefits of psychological or emotional improvement from implant therapy shall be considered in the award selection process.

CORPORATE PARTNER ELIGIBILITY

The design of this project requires the involvement of the commercial partners of the Osseointegration Foundation by providing service and/or hardware for the patients who become grant-funded. Individuals involved in this grant program will not solicit additional funding from these organizations for this patient care. Participants must specify at the time of grant application the particular products (including manufacturers) required in order to be eligible to participate in this program. The following guidelines structure 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 a specified corporate entity is unwilling to participate, a secondary supplier will be approached with applicant approval. Instrumentation or delivery hardware is not included in this support request.
2. The section Committee shall make every reasonable effort to assure that requests for commercial support will be as evenly distributed as possible among the potential corporate partners in this project. No single corporate entity should be expected to support, by donation, an inequitable portion of this project.

Note: The Osseointegration Foundation is exempt from prosecution/responsibility due to difficulties involved in the course of patient treatment.

**OSSEOINTEGRATION FOUNDATION
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APPLICATION**

Please type all information

Name:

Last	First	Initial
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Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Federal ID for Corporation: _____

Social Security Number of Patient: _____

- Degrees and residencies with awarding institution:

- Names, signatures and roles of other team members indicating consent to participating in this project:

Name and Role	Name and Role
Name and Role	Name and Role
Name and Role	Name and Role
Name and Role	Name and Role

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- Description of Patient (approximately 200 words including age, risk factors, diabetes, smoking, etc)

- Preferred Implant System (be specific):

- Preferred grafting materials:

- Preferred barrier methods:

- Preferred Materials:

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- Nature of disfigurement, pathology, congenital damage (750 – 1000 words: attach a separate page if necessary):