**ADVANCE 2020 Proposal Form**

Please refer to the Global Awards for Advancing Chronic Pain Research (ADVANCE) 2020 program [website](https://www.advanceresearchawards-chronicpain.com/content/home) to check that your proposal is in scope, and to find instructions for preparing your application. Please **complete all sections** and **respect the word limits** for each section.

Once complete, submit your proposal via the Pfizer Grants portal: <https://cybergrants.com/pfizer/Research>

**SECTION A. Study details**

1. **Title**

*Must not exceed* ***250 characters*** *including spaces*

Click here to enter text.

***Character count: Click here to enter text.***

1. **Abstract** *(Please use structured headings below). Please ensure that your abstract provides enough detail to provide a comprehensive overview of your proposed research.*

***Rationale:*** Click here to enter text.

***Research Question/Objective:*** Click here to enter text.

***Design:*** Click here to enter text.

***Setting:*** Click here to enter text.

***Participants:*** Click here to enter text.

***Intervention and procedures:*** Click here to enter text.

***Measurements:*** Click here to enter text.

***Expected outcome of the research:*** Click here to enter text.

***Potential study limitations:*** Click here to enter text.

***Word count for section 2 (limit 250 words): Click here to enter text.***

1. **Relevance to the ADVANCE 2020 program**

***Explicitly*** *state how your proposal is relevant to the overall mission and scope of the ADVANCE 2020 program.*

Click here to enter text.

***Word count for section 3 (limit 100 words): Click here to enter text.***

*Please note that the overall word count for Sections 4–14 (below) is limited to* ***5000 words in total*** *excluding tables and figures****.*** *Proposals over 5000 words will* ***NOT*** *be accepted by the Review Committee.*

1. **Rationale**

***Briefly*** *describe relevant background research and provide the study rationale. Keep references to a minimum.*

Click here to enter text.

***Word count for Section 4 (limit 500 words): Click here to enter text.***

1. **Research question/objective**

*Clearly state what question your research is designed to answer and/or clearly state the primary objective of your research.*

Click here to enter text.

***Word count for Section 5: Click here to enter text.***

1. **Study design overview**

*Describe the basic design of the study. Include the duration of the study and of follow-up. If needed, include the rationale for design decisions.*

Click here to enter text.

***Word count for Section 6: Click here to enter text.***

1. **Participants**

*Describe the participants (eg, characteristics, clinical disorders, important eligibility criteria, and key sociodemographic features, etc) and planned recruitment methods.*

Click here to enter text.

***Word count for Section 7: Click here to enter text.***

1. **Interventions and procedures**

*Describe the essential features of any interventions and procedures in chronological order.*

Click here to enter text.

***Word count for Section 8: Click here to enter text.***

1. **Assessments and main outcome measures**

*How will the effects of the interventions be measured? Is a single major outcome declared?*

Click here to enter text.

***Word count for Section 9: Click here to enter text.***

1. **Sample size and power calculation**

*Provide details of the minimum sample size for your study and the minimum effect size to be detected. If statistical significance is desired, then also provide your power calculation.*

Click here to enter text.

***Word count for Section 10: Click here to enter text.***

1. **Data analysis**

*For studies that use statistical inference, describe the analysis methods and the specific statistical software to be used. For studies that do not include formal statistical tests, state how data will be used to draw conclusions.*

Click here to enter text.

***Word count for Section 11: Click here to enter text.***

1. **Potential study limitations**

*Are there any foreseeable problems in the conduct or interpretation of results? Are there possible approaches for overcoming them?*

Click here to enter text.

***Word count for Section 12: Click here to enter text.***

1. **Ethical issues**

*Will the study be approved by an Institutional Review Board or Ethics Committee? What is the major ethical concern? Is the study consistent with the principles of the Declaration of Helsinki? How will informed consent be obtained?*

Click here to enter text.

***Word count for Section 13: Click here to enter text.***

1. **Preliminary data (optional)**

***Briefly*** *describe any relevant preliminary data, if applicable.*

Click here to enter text.

***Word count for Section 14: Click here to enter text.***

1. **Overall word count**

*Total word count for Sections 4–14 is limited to* ***5000 words****. Proposals over 5000 words will* ***NOT*** *be accepted by the Review Committee.*

***Total word count for Sections 4–14: Click here to enter text.***

1. **Previous relevant research**

***Briefly*** *describe relevant past work conducted by you and by other investigators involved in the study.*

Click here to enter text.

***Word count for Section 16 (limit 300 words): Click here to enter text.***

1. **Research facilities**

***Briefly*** *describe how the research facilities will help the study be conducted.*

Click here to enter text.

***Word count for Section 17 (limit 300 words):*** ***Click here to enter text.***

1. **References**

*Use this section to list the references you have cited in your proposal. Remember that references should be kept to a minimum.*

Click here to enter text.

1. **Expected research timeline  
   *Briefly*** *describe the expected study timeline with key milestone dates*

Click here to enter text.

**20. How did you learn about the ADVANCE program?**

Click here to enter text.

**\*Please note that you will also be required to enter the information in Sections B and C below into the Pfizer Grants portal for administrative purposes. The completed ADVANCE proposal form is sent to the Independent Review Committee for review.**

**SECTION B\*. Investigator details**

*When completing this section, please provide professional contact information provided to you by your institution. All grant requests are made on behalf of the institution, not the individual. Please* ***do not*** *include any personally identifiable information unrelated to the grant request such as your personal email, home address, personal phone number, marital status, or a photo*.

1. **Principal investigator details** *[note: a study can have only one principal investigator but may have multiple co-investigators]*

***Full name:*** Click here to enter text.

***Current Institution name and postal address:*** Click here to enter text.

***Current Position Title:*** Click here to enter text.

***Email address:*** Click here to enter text.

***Telephone number:*** Click here to enter text.

***Highest degree*** *(Applicant must hold an MD, a PhD, or PharmD or equivalent)****:*** Choose an item.

***If you answered ‘other’, please add more details here:*** Click here to enter text.

***Institution and location of primary degree:*** Click here to enter text.

***Completion date of primary degree:*** Click here to enter text.

***Field of study of primary degree:*** Click here to enter text.

***Institution and location of secondary degree (if applicable):*** Click here to enter text.

***Completion date of secondary degree:*** Click here to enter text.

***Field of study of secondary degree:*** Click here to enter text.

1. **Co-investigator(s)** *[Please repeat to list additional co-investigators as needed]*

***Full name:*** Click here to enter text.

***Institution name and address:*** Click here to enter text.

***Email address:*** Click here to enter text.

1. **Principal investigator personal statement**

*[Optional: Please* ***do not*** *include any personal identifying information]*

Click here to enter text.

***Character count for Section 3 (limit 4000 characters)* *Click here to enter text.***

1. **Principal investigator positions and honors** *[Optional]*

Click here to enter text.

***Character count for Section 4 (limit 4000 characters)* *Click here to enter text.***

1. **Principal investigator contributions to science** *[Optional]*

Click here to enter text.

***Character count for Section 5 (limit 4000 characters)* *Click here to enter text.***

1. **Additional principal investigator information**

*[Optional;* *Research Support and/or Scholastic Performance]*

Click here to enter text.

***Character count for Section 6 (limit 4000 characters)* *Click here to enter text.***

**SECTION C\*. Budget details** *[max total US$ 200,000] Insert additional rows as required*

1. **Budget form:** *Please complete your budget in* ***US $*** *here AND when submitting your proposal via the Pfizer Grants portal*

|  |  |
| --- | --- |
| Costs | Amount (US $) |
| Direct labor costs *Which role(s) are you requesting funds for (Insert additional rows as required)* | |
|  |  |
|  |  |
| Direct labor costs subtotal | **$0.00** |
| Direct study costs *Itemize procedural costs as follows: (Please note: funding is not provided for capital equipment)* | |
| Monitoring |  |
| One-time fees |  |
| Participant reimbursement |  |
| Procedures/Test/Assessments/Labs |  |
| Publication costs |  |
| Statistics/biostatistics |  |
| Study start-up costs |  |
| Supplies/consumables |  |
| Travel |  |
| Other fees (please describe in section 2 below) |  |
| Direct study costs subtotal | **$0.00** |
| Institutional overhead *Costs to the institution for the support of your study. Examples include human resources department costs, payroll processing and accounting costs, janitorial services, utilities, property taxes, property and liability insurance, and building maintenance.* | |
| Institutional overhead % *(what % of overhead costs would be charged to the grant, if applicable?)* | **%** |
| Institutional overhead subtotal *(please calculate as a % of the total direct costs above [labor + study])* | **$0.00** |
| Total funding requested  *Must not exceed US $200,000, including direct costs, other costs, and institutional overhead costs.* | |
| Total | **$0.00** |

1. **Describe ‘other fees’** *[If an amount is entered in the “Other Fees” section above you must enter a description as to how that funding will be utilized]*

Click here to enter text.

1. **Other sources of support? Yes/No** *[Will support (e.g. funding, lab testing) be requested from sources other than Pfizer Inc. and Eli Lilly and Company? If yes, specify this support and source]*

Click here to enter text.

1. **Budget narrative** *[Please include any applicable information that may help clarify any concerns based on numbers entered]*

Click here to enter text.