

AOAO FOUNDATION 2026 Fall Orthopedic Specialty Grant Application

Deadline: October 9, 2026 at 11:59 p.m.

Application Instructions

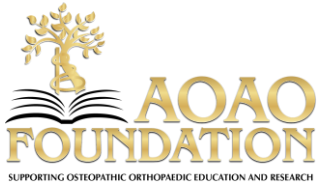
Complete all sections and combine this application with all required biographical sketches and supporting forms into one PDF document. Applications will be evaluated using the 100-point rubric included at the end of this form.

- Complete every applicable field; enter “N/A” where a question does not apply.
- Keep responses concise, specific, and consistent with the project budget and timeline.
- Include all biographical sketches and any additional forms in the same PDF.
- Email the single PDF to Julie@societyhq.com by October 9, 2026.

1. Applicant and Project Information

Principal Investigator	
AOAO Membership	
Institution / Program	
Department	
Orthopedic Specialty	
Mailing Address	
Email	
Phone	
Program Director / Sponsor	
Project Title	
Amount Requested	
Proposed Project Period	

SUBMISSION DEADLINE: **October 9, 2026**; Email one complete PDF to Julie Hitt at Julie@societyhq.com.



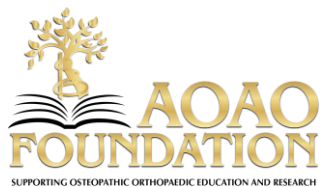
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2. Project Overview

A. Executive Summary

*Summarize the clinical, surgical, or basic science question; the proposed approach; the target population; and the anticipated contribution.
400 word limit*

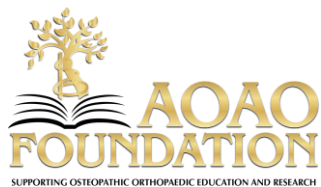


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B. Problem Statement and Significance

Define the problem or knowledge gap. Explain why it matters to orthopedic practice, education, research, or patient outcomes and why the project is timely. 400 word limit

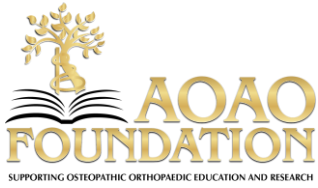


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C. Hypothesis or Research Question

State a clear, testable hypothesis or focused research question. If the project is exploratory, identify the primary objective and the decision or knowledge the work is intended to inform.



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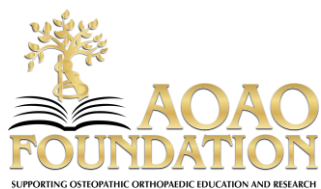
3. Originality and Publication Potential

A. Innovative Contribution

Explain how the project offers an innovative approach to a clinical, surgical, or basic science question. Distinguish it from existing practice or prior research and cite relevant evidence where appropriate.

B. Publishable Quality

Describe how the study design, scope, data, and planned analysis will support a publication-quality product. Identify the anticipated manuscript, abstract, presentation, or other scholarly deliverable.



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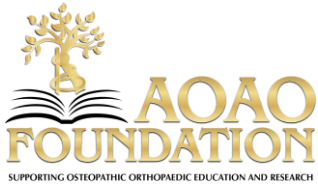
4. Cohort Analysis and Outcomes

A. Study Design and Cohort

Describe the study design, cohort or comparison groups, inclusion/exclusion criteria, sample size or expected volume, and any retrospective/prospective elements.

B. Outcomes and Measurements

Identify primary and secondary outcomes, how each will be collected and measured, and the timing of measurement. Explain any comparison between prior and new usage, utilization, treatment, or practice.



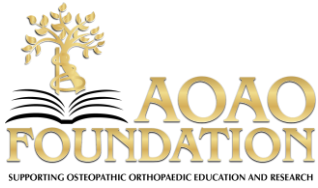
AOAO FOUNDATION 2026 Fall Orthopedic Specialty Grant Application

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5. Techniques and Project Methods

A. Processes and Techniques

Provide a step-by-step description of the processes and techniques to be used. Identify which methods are evidence-based and which are original or adapted for this project.

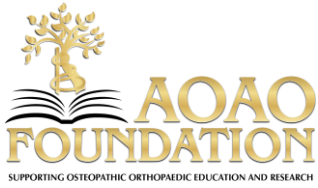


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B. Data Collection and Analysis

Describe data sources, collection tools, data management, statistical or qualitative analysis, and how missing or incomplete data will be addressed.

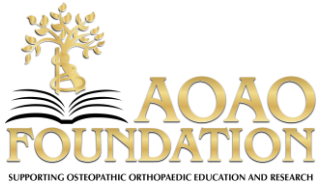


AOAO FOUNDATION 2026 Fall Orthopedic Specialty Grant Application

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C. Regulatory and Ethical Considerations

State the status of IRB/IACUC or other institutional review, as applicable. Describe consent, privacy, data security, and conflict-of-interest considerations separately and labeled accordingly. Enter "N/A" with an explanation if review is not required.



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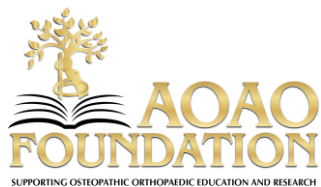
6. Target Population

A. Population Definition and Access

Define the target population, explain why it is appropriate, and demonstrate that the project team has access to a sufficient population or data source.

B. Recruitment or Identification

Explain how participants, records, specimens, or cases will be reached, recruited, identified, or selected. Address feasibility and any anticipated barriers.



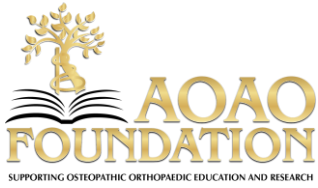
AOAO FOUNDATION 2026 Fall Orthopedic Specialty Grant Application

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7. Project Integration and Feasibility

A. Work Plan and Likelihood of Success

Explain how the project components fit together and why the proposed team, setting, resources, and schedule make successful completion likely.

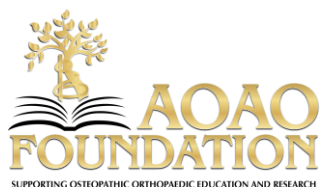


AOAO FOUNDATION 2026 Fall Orthopedic Specialty Grant Application

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B. Risks and Contingencies

Identify the most important risks (up to 6) to completion and the practical steps the team will take if those risks occur.



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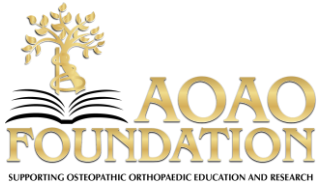
8. Budget and Justification

List only expenses that are reasonable, appropriate, and clearly connected to the proposed work. The total request may not exceed \$5,000.

Budget Category	Description	Amount Requested	Other Support
Supplies / Materials			
Data / Statistical Support			
Research Services			
Participant / Project Costs			
TOTAL (max \$5,000)			

Budget Justification

Explain the need for each requested expense, how the amount was calculated, and why the cost is reasonable. Identify any in-kind, institutional, section, or other support and clarify whether the project can proceed if only partial funding is awarded.



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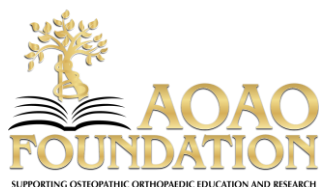
9. Principal Investigator and Project Team Appendix – Biographical Sketch

A. Principal Investigator Qualifications

Summarize the PI's background, experience, and relationship to the project, including relevant research, clinical, surgical, educational, or technical experience in a brief paragraph.

B. Team Roles and Oversight

List the Program Director, attending physician(s), mentor(s), statistician(s), collaborators, and other key personnel. Describe each person's role and the oversight available to support completion.



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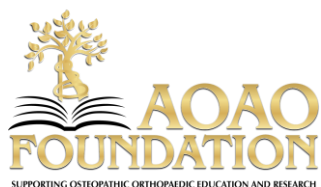
C. Required Biographical Sketches

- ☐ Principal Investigator biographical sketch attached.
- ☐ Biographical sketches for key personnel attached, as applicable.
- ☐ Additional required institutional or project forms attached, as applicable.

10. Other Funding and Project Support

Current or Pending Support

Identify other funding requested or received for this project, including the source, amount, status, and any overlap. If none, state "None."



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11. Applicant Certifications and Signatures

By signing below, the applicant and institutional/program approver certify that the information submitted is complete and accurate to the best of their knowledge and that any awarded funds will be used for the approved project and budget, subject to applicable institutional requirements.

- ☐ I certify that this application and all attachments are complete and accurate.
- ☐ I will obtain all required institutional, regulatory, and ethical approvals before beginning regulated project activities.
- ☐ I will disclose any actual or potential conflicts of interest related to the project.
- ☐ I understand that project changes or material budget reallocations may require prior approval from the AOA Foundation.
- ☐ I agree to provide reasonable progress, financial, and final reports requested by the AOA Foundation and to acknowledge Foundation support in resulting presentations or publications.

Principal Investigator	
Signature	
Date	
Program Director / Approver	
Signature	
Date	