*A logo for a pediatric medicine

Description automatically generated*

*A logo for a pediatric medicine

Description automatically generated*

*Society for Pediatric Pain Medicine*

**Innovative Research Award**2026

*Society for Pediatric Pain Medicine*

Innovative Research Award

# INNOVATIVE RESEARCH AWARD

Up to $2,000 is available as a one-time award to Society for Pediatric Pain Medicine members. The award is designed to help SPPM members create an innovative research program for pediatric pain medicine related patient care or for the well-being of SPPM members.

**Submission deadline: November 30, 2025**

**Eligibility:** Current Members of the Society for Pediatric Pain Medicine

**Award:** Awards will be made on the basis of a competitive application process. It is an opportunity for SPPM members to establish innovative research programs for pediatric pain medicine related patient care or for the well-being of SPPM members.

**Proposal Submission and Review:** Questions regarding the application process and administrative issues should be directed to Jenny Patterson [**jenny@societyhq.com**](mailto:jenny@societyhq.com) at the SPPM office. Proposals will be evaluated and ranked by the SPPM Research Committee. Selection criteria for the award will include the quality of the project, the extent the opportunity will contribute to the advancement of the health and welfare of pediatric patients or SPPM members. The project must be completed within one year.

**Office of Sponsored Programs Proposal Summary and Approval Form**

Awardees only will need to submit a Proposal Summary and Approval Form to the Office of Sponsored Programs following notification.

**Final Report**

**We plan to invite the awardee to deliver an oral presentation to the SPPM members during the SPPM Annual Meeting.** A final report summarizing accomplishments will be submitted one month prior to the SPPM Annual Meeting. The requirements for the final report will be determined by the Committee and will be based on the proposal.

*A logo for a pediatric medicine

Description automatically generated*

*Society for Pediatric Pain Medicine*

Innovative Research Award

**Application Format**

E-mail in PDF to Jenny Patterson with the Society for Pediatric Pain Medicine at **jenny@societyhq.com**.

***Title page:*** Name, Project title, address, telephone, e-mail, and Chief of Service or Department Chair information (see application checklist) and proposed starting date.

***Proposal summary:*** Summary; background; hypothesis; objectives; preliminary data; methods; analysis; a description plan of the activities under the award; timeframe; and references. **Please use the enclosed form** (1 page limit, double spaced, size 10 font).

***Budget***: Specify the total amount (up to $2,000) needed to fund the project and how this will be used. **Please use the enclosed budget justification.**

***Curriculum vitae:*** Limit of 2 pages in NIH format.

*A logo for a pediatric medicine

Description automatically generated*

*Society for Pediatric Pain Medicine*

Innovated Research Award

**Title Page**

# **Award Application**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  |  |  |
| Telephone: |  |  |  |
| Email: |  |  |  |
| Chief of the Service or Department Chair: |  |  |  |
| Project Title: |  | | |

Eligibility:

Current Member of SPPM

**Please review your final application for the following required materials:**

Title page

**SPPM STAFF USE ONLY**

\_\_ Org./2 c & e subm

Title Page

\_\_ a.

\_\_ b.

\_\_ c.

CV \_\_ App

Budget

\_\_ MS \_\_ Just.

Proposal / Summary

\_\_ Complete

Letters

\_\_ a. Chair

IRB

\_\_ Complete \_\_ Explain

Conditions

\_\_ Complete

a. Title of research proposal

b. Applicant’s name, degrees, rank, mailing address, fax numbers, e-mail

c. Chief of the Service or Dept. chair’s name.

2. Proposal Summary

a. Complete, double-spaced size 10 font

3. Budget forms

a. Part 1- Detailed (complete, no unallowable items)

b. Part 2- Justification complete

4. Biographical sketch

a. Applicant’s CV

6. Approval letter from animal or human review committee, if applicable

a. Complete

b. Approval not obtained, letter of explanation included

*A logo for a pediatric medicine

Description automatically generated*

*Society for Pediatric Pain Medicine*

Innovative Research Award

**Proposal Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  |  |  |
|  |  |  |  |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |

*A logo for a pediatric medicine

Description automatically generated Society for Pediatric Pain Medicine*

Innovative Research Award

**Award Application**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  |  |  |

# **Grant Budget: Part 1- Detailed**



**The “Other funds” column should be used to list funds that are not provided by SPPM but are required to complete the proposed project. The source(s) for these funds must be detailed in the budget justification.**

*A logo for a pediatric medicine

Description automatically generated*

*Society for Pediatric Pain Medicine*

Innovative Research Award

# **Award Application**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  |  |  |

# **Grant Budget: Part 2- Justification**

(use additional pages as necessary)

Justification of costs and identification of departmental and other funding sources or contributions to the project.

Describe facilities, equipment, supplies, and services that are required and available for the completion of this project.

Describe briefly other current research projects that involve the applicant and indicate the time commitment and source of funding for each. Indicate the extent of overlap with the present project.

*A logo for a pediatric medicine

Description automatically generated*

*Society for Pediatric Pain Medicine*

Innovative Research Award

# **Award Application**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  |  |  |

**Acceptance of Conditions**

**I will acknowledge the support of the Society for Pediatric Pain Medicine Innovative Research Award, if applicable, in all publications resulting from the work during the award period and in all professional correspondence.**

**I agree to deliver an oral presentation of the project results to the SPPM members during the SPPM meeting. I agree to provide a financial and summary report of the work accomplished during the award period by January 31, 2027.**

Applicant**:**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Chair or Chief of the Service**

**I agree to provide the support essential to the research activities outlined in this application. Should the recipient fail to complete this study or if other support is obtained for this research, unused funds will be returned to the Society for Pediatric Pain Medicine.**

**Department Chair or Chief of the Service:**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**