



# DJO Cross Fellowship Award Sports Medicine Application, Guidelines and Instructions

**Academic Years**  
**2020-2021**  
**2021-2022**

*Please complete a separate application for each grant request*

**PLEASE NOTE: THE COMPLETION OR SUBMISSION OF THIS  
APPLICATION IN NO WAY GUARANTEES FUNDING**

## Submission Deadline - February 28, 2020

See page G1 for submission details

Questions?

Please Email: [Crossfellowship@DJOglobal.com](mailto:Crossfellowship@DJOglobal.com)



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DJOCross Fellowship Award  
Sports Medicine Fellowship  
Application, Guidelines and Instructions  
for the 2020 Application Period  
(funding for 2020-2021 and 2021-2022 academic years)

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# I. GENERAL INFORMATION

A submission that fails to meet the below application requirements may be disqualified. It is the applicant's sole responsibility to ensure the application is complete. Due to time constraints and application volume, DJO will be unable to notify the applicant of missing documentation that may lead to disqualification.

1. **Objective:** The objective of the DJO Cross Fellowship Award is to fund post-graduate U.S. clinical fellowships in orthopaedics. Fellowship support is offered for orthopaedic training in the practice category of Sports Medicine. For an overview of the this program, visit [www.djoglobal.com/corporate-info/cross-fellowship-award](http://www.djoglobal.com/corporate-info/cross-fellowship-award).
2. **Eligibility:** Refer to page G2.
3. In the event the number of applicants exceed the amount of available funding, the eligible applicants will be selected through a randomized process.
4. Each institution granted a DJO Cross Fellowship Award will be required to sign an agreement which outlines the terms and conditions of the award and sets forth the payment schedule.
5. Institutions may receive more than one fellowship grant based on the outcome of the random selection process. However, institutions are limited to one Cross Fellowship Award per application category per application period.
6. **Deadline for Application:** Applications must be received by DJO no later than February 28, 2020 to be eligible for consideration.
7. **Funding Period:** Funding will extend for two (2) academic years beginning August 2020 and expiring July 2022.
8. **Amount:** Grants of up to \$30,000 may be awarded. Each grant amount will be determined according to available funding. The grant is intended to partially cover the stipend for the fellow and related direct costs. Grant funds may not be used for indirect costs.
9. **Items Required:**
  - a. Applicant must submit the **current version** of this application.
  - b. Information must be TYPED. Hand written applications will not be accepted.
  - c. Original application (with signatures) must arrive at DJO no later than February 28, 2020. **No exceptions will be granted.**
  - d. Completed W-9 (by the payee).
  - e. Detailed budget outlining fellowship DIRECT EXPENSES only (grant funding must be used for direct costs only).
  - f. Fellowship program director curriculum vitae.
  - g. Completed Conflict of Interest Disclosure Form (See Section VIII) signed by the fellowship program director or department chair.
  - h. IRS Non-Profit Status Determination Letter (PDF file is acceptable)
10. **Submission Instructions:** Submit completed application and all supporting documentation:
  - a. Via email to: CrossFellowship@DJOGlobal.com
  - b. Via US Mail: DJO Global, LLC  
1430 Decision Street  
Vista, CA 92081  
Attn: Cross Fellowship Award / Compliance Department



## II. PROGRAM INFORMATION

### 1. Eligibility:

- a. Institution's fellowship program must be in the area of Sports Medicine.
- b. *SPORTS MEDICINE* fellowship programs *MUST* be ACGME accredited and have a minimum of three (3) U.S. clinical fellowship positions during both of the Cross Fellowship funding years to be eligible for funding.
- c. Institution's fellowship program must participate in AOSSM's Sports Medicine.
- d. Any academic institution or group practice with an established orthopaedic program that qualifies as a nonprofit, charitable entity may apply. A for-profit entity is not eligible unless affiliated with a nonprofit entity. DJO will make all grant payments to the nonprofit affiliate. The DJO Cross Fellowship Award program does not include funding for individual fellows seeking support for their training; these grants are available only to institutions that provide fellowship training.
- e. A fellowship program must have been established for a minimum of one (1) year to be eligible to apply for the Cross Fellowship Award, and at least one U.S. clinical fellow must have completed the fellowship training program. A new program may apply in its second year for a grant in the third year of their program. The three (3) U.S. clinical fellow minimum requirement for Sports Medicine applies to Cross Fellowship funding year(s) only; the program need not have the fellows minimum requirement in previous years.
- f. The fellowship program director or department chair must complete and sign the Conflict of Interest disclosure included in this application.

**2. Fellowship Funding Overlap:** Funding for a fellowship grant awarded by a DJO Cross Fellowship Award cannot result in an excess of the program's direct costs. If the institution receives funding from another source that results in funding in excess of direct costs, the institution's fellowship program director must notify DJO immediately and return the excess funding to DJO or to the other funding organization. Written notification of the excess amount refunded, and to whom the refund was issued, must be promptly sent to [CrossFellowship@DJOGlobal.com](mailto:CrossFellowship@DJOGlobal.com).

### 3. Application Procedure:

- a. Complete and submit an application, including all required documentation listed on page G1.
- b. Submissions are accepted via email ([CrossFellowship@DJOGlobal.com](mailto:CrossFellowship@DJOGlobal.com)), or via US Mail to the address on page G1.
- c. If submitting via US mail, the original application must be clipped, not stapled, single sided and single spaced.

**4. Notification of Award:** DJO will notify each applicant, whether or not they were granted a DJO Cross Fellowship Award, via an email to the fellowship director, no later than April 27, 2020. All notification emails will be sent to the address listed in item 6b of the application form. Please do not contact DJO prior to April 27, 2020 for the status of your application. Verify your junk or spam folders prior to contacting DJO.

**5. Physician Payments Sunshine Law:** In accordance with the Physician Payments Sunshine Law ("Sunshine Law"), DJO must report to the Centers for Medicare and Medicaid Services (CMS), the value of the Cross Fellowship grant. CMS will post on a public website the nature and date of the payments, along with other required information. The information will be reported under the institution's name, if the institution is a teaching hospital, as defined under the Sunshine Law. Otherwise, it will be reported under the names of the fellows who benefit from the funding. If it must be reported under the names of the fellows, the institution must provide DJO with the required reporting information prior to issuance of each grant installment in the form requested by DJO. For more information regarding the Sunshine Law, please visit our website at <http://www.djoglobal.com/corporate-info/compliance/physician-sunshine>.

### III. GUIDELINES

**1. Cross Fellowship Award Policies:**

DJO funding is limited to institutions that offer post-graduate clinical fellowships in the orthopaedic practice category of Sports Medicine.

**2. Fiscal Policies:**

- a. A Cross Fellowship grant must be used within the year for which it is awarded. Example: \$15,000 may be granted for the 2020-2021 academic year and \$15,000 for the 2021-2022 academic year. The \$15,000 awarded for the 2020-2021 academic year MUST be used in the 2020-2021 academic year; funds are NOT eligible for roll-over to the 2021-2022 academic year.
- b. Provided that all contractual requirements are met by the Institution, grant payments will be issued by DJO in eight (8) equally divided installments in accordance with the following payment schedule:

2020	2021	2022
Installment #1: August	Installment #3: February	Installment #7: February
Installment #2: November	Installment #4: July	Installment #8: July
	Installment #5: September	
	Installment #6: November	

- c. If institution receives an award from DJO for a fellowship program, supplementary funding for the program may be obtained from another source provided that the total funding does not exceed the fellow's entire direct costs. If funding is in excess of the fellow's direct costs, the fellowship program director or department chair must notify DJO immediately and return the excess funding to DJO or the other funding organization. Written notification of the excess amount refunded, and to whom the refund was issued, must be promptly sent to [Crossfellowship@DJOglobal.com](mailto:Crossfellowship@DJOglobal.com).
- d. Any grant balance of \$100 or more not expended by the end of the academic year for which it was awarded must be refunded to DJO within sixty (60) days of the end of such academic year. Funds intended for the 2020-2021 academic year may not be used for expenses for the 2021-2022 academic year. All expenses and grant fund "true-ups" must be completed within each academic year.
- e. Separate accounts must be maintained for each fellowship grant. These accounts, with substantiating invoices and payrolls, must be available at all times to representatives of DJO.
- f. A grant recipient may terminate a grant prior to normal expiration date by notifying DJO in writing, stating the reasons for the early termination. All unexpended funds must be returned to DJO within sixty (60) days of the date of termination, together with a final report of expenditures. DJO reserves the right to terminate grants at any time upon written notice to the institution.

**3. Publication**

- a. DJO encourages free publication of research findings by fellows but requires that the following acknowledgement be used as a footnote on the first page of the text: AIDED BY A GRANT FROM DJO GLOBAL, INC.
- b. When a fellow presents a paper at a professional scientific meeting, the above credit line must be included.



## IV. INSTRUCTIONS

**1. Table of Contents:** When you have completed your application, please complete a table of contents by sequentially numbering the pages on the bottom right of each page. **Please DO NOT submit the cover page, general information, program information, guidelines, or instruction pages from this document with your application.**

### 2. Items 1-11

Include all requested information for items 1-11 in the application form.

### 3. Item 12 - Budget Information

- a. Provide all information requested on page A-2.
- b. Provide the detailed budget of direct expenses requested on pages A-4 and A-5. Allowable expenses are the fellow's stipend and benefits, research expenses, educational expenses (travel and registration fees to nationally recognized meetings/courses; books), licenses, malpractice insurance, etc.
- c. Provide justification for each budget category.
- d. Applicant may not use Cross Fellowship funds for indirect costs.

### 4. Other Requirements

- a. All signatures must be present as requested. No "Per" signatures accepted.
- b. Provide proof of qualification as a nonprofit, charitable entity by attaching a copy of the IRS nonprofit Status Determination letter. If a for-profit entity, attach copy of letter of affiliated nonprofit entity.
- c. Completed W-9
- d. Detailed budget (see Item 12 above)
- e. Curriculum vitae for the fellowship program director
- f. Completed/signed Conflict of Interest Disclosure Form

### 5. Correspondence

All correspondence should be directed to:

DJO Global, Inc.  
1430 Decision Street  
Vista, CA 92081  
Attn: Cross Fellowship Award/Compliance Department

Or

Via email to: [CrossFellowship@DJOGlobal.com](mailto:CrossFellowship@DJOGlobal.com)



## V. Application



# DJO Cross Fellowship Award Application Sports Medicine Programs

## 2020-2021 & 2021-2022 Academic Years

To avoid delays please ensure all printed information is legible and the application is completed in its entirety.

### 1. ELIGIBILITY INFORMATION

1a. Does the Sports Medicine program have three (3) or more U.S. clinical fellowship positions in each funding year?  Yes  No

1b. Does the program participate in AOSSM's Sports Medicine Fellowship Programs?  Yes  No

1c. Is this program ACGME accredited?  Yes  No

If the answer is NO to any of the above questions, please STOP here. **Program is not eligible for funding.**

### 2. APPLICANT INSTITUTION INFORMATION

2a. Institution Name \_\_\_\_\_ 2b. Federal Tax ID \_\_\_\_\_

2c. Institution Mailing Address \_\_\_\_\_

2d. Is the Applicant Institution a nonprofit entity? If Applicant Institution is not a nonprofit entity or is not affiliated with a nonprofit entity please STOP here. **Program is not eligible for funding.**

Yes  No

2e. If NO, Provide name of the affiliated nonprofit entity \_\_\_\_\_

2f. Mailing address \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Email \_\_\_\_\_

### 3. PAYEE INFORMATION

Payments MUST be made payable, and mailed to, the entity on the submitted W-9. There are NO exceptions to this.

### 4. ACGME Accreditation

Fellowship grants may be awarded up to \$30,000. The grant amount will be determined by available funding. Funding will be awarded to eligible institutions. Individual fellows may not apply.

ACGME Program # \_\_\_\_\_

### 5. FELLOW INFORMATION (Fellow name and contact information is required, if pending, please state.)

5a. Fellow Name \_\_\_\_\_ 5b. Fellow Email Address \_\_\_\_\_

5c. Fellow Name \_\_\_\_\_ 5d. Fellow Email Address \_\_\_\_\_

5e. Fellow Name \_\_\_\_\_ 5f. Fellow Email Address \_\_\_\_\_

### 6. FELLOWSHIP PROGRAM DIRECTOR INFORMATION

6a. Name (include title) \_\_\_\_\_ 6b. Email Address \_\_\_\_\_

6d. Telephone Number \_\_\_\_\_

6c. Mailing Address \_\_\_\_\_

6e. Fax Number \_\_\_\_\_





Institution Name \_\_\_\_\_

7. DEPARTMENT CHAIR INFORMATION

7a. Name (include title) \_\_\_\_\_ 7b. Email \_\_\_\_\_
7c. Mailing Address \_\_\_\_\_ 7d. Telephone Number \_\_\_\_\_

8. FELLOWSHIP PROGRAM COORDINATOR INFORMATION (Please provide curriculum vitae)

8a. Name (include title) \_\_\_\_\_ 8b. Email \_\_\_\_\_
8c. Mailing Address \_\_\_\_\_ 8d. Telephone Number \_\_\_\_\_

9. CORRESPONDENCE CONTACT

This is the person DJO should e-mail regarding the grant contracting and invoicing process. It is important to name a person who is responsive to e-mails.

9a. Name (include title) \_\_\_\_\_ 9b. Email \_\_\_\_\_
9c. Mailing Address \_\_\_\_\_ 9d. Telephone Number \_\_\_\_\_

10. FINANCIAL OFFICER INFORMATION

10a. Name (include title) \_\_\_\_\_ 10b. Email \_\_\_\_\_
10c. Mailing Address \_\_\_\_\_ 10d. Telephone Number \_\_\_\_\_

Financial Officer Signature \_\_\_\_\_

11. FELLOWSHIP PROGRAM OVERVIEW

11a. Number of U.S. clinical fellows trained each year \_\_\_\_\_ 11b. Year the fellowship program was established \_\_\_\_\_
11c. Length of the fellowship \_\_\_\_\_ 11d. Does the institution have an orthopaedic residency program? Yes No
11e. Total number of fellows trained since program was established \_\_\_\_\_

12. BUDGET INFORMATION

In addition to completing the information below please provide a DETAILED BUDGET of all direct expenses on page A-4.

12a. Have you applied for funding for this fellowship from other funding sources? Yes No
12b. If YES, please describe source \_\_\_\_\_
12c. If YES, have you received funding for this fellowship? Yes No
12d. If YES, please describe source and amount of funding received \_\_\_\_\_

Fellowship grant funds may only be used for direct fellowship training expenses: specifically, the fellow's salary and benefits, research expenses, educational expenses, licenses, malpractice insurance, etc. This grant may NOT be used for indirect costs.



Institution Name \_\_\_\_\_

**13. APPLICATION SUPPORTING DOCUMENTATION**

In addition to the completed application the follow documentation must be included with your submission:

- Completed W-9
- IRS Tax-Exemption Determination Letter (of nonprofit)
- Detailed Budget outlining fellowship DIRECT EXPENSES only (grant funding must be used for direct costs only)
- Fellowship Director curriculum vitae
- Completed Conflict of Interest Disclosure Form

**Failure to complete this application in full or the failure to provide any of the required supporting documentation may disqualify the applicant from consideration for funding.**

**14. APPLICANT CERTIFICATION, ACCEPTANCE AND USE OF GRANT FUNDS**

I certify, on behalf of the applicant, that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with DJO's terms and conditions if a grant is awarded as a result of this application. Applicant understands that any deliberate omission or the misrepresentation or falsification of any of the information contained in this application or in any other communications by the applicant to DJO related to this application, may void any grant awarded to the applicant institution by DJO, require the applicant institution to refund any such grant and exclude the applicant from funding consideration in future years. I further certify that all fellowship grant funds received from DJO will only be used for direct fellowship training expenses, specifically the fellow's salary and benefits, research expenses, educational expenses (travel and registration fees to nationally recognized meetings, courses, books), licenses, malpractice insurance, etc. The grant may not be used for indirect costs.

DJO will not make any educational grant that implicitly or explicitly rewards a customer for past or future purchases, uses, orders or recommendations of DJO products. Any evidence that funding is tied in any way to the past, present or future use, order, recommendation or purchase of DJO's products will result in denial and may exclude the organization from consideration for future funding.

*DJO provides all grants and follows disclosure requirements in accordance with applicable state and federal laws and regulations.*

**PLEASE NOTE: THE COMPLETION OR SUBMISSION OF THIS APPLICATION IN NO WAY GUARANTEES FUNDING**

In ink. "Per" signatures not acceptable below.

Signature of Fellowship Program Director named in #6 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Chair named in #7 \_\_\_\_\_ Date \_\_\_\_\_

**DJO USE ONLY**

Date application received \_\_\_\_\_ Was submission received complete?  Yes  No

Verification completed by (print and sign name): \_\_\_\_\_ Date \_\_\_\_\_



**VI. DETAILED BUDGET INFORMATION  
for the  
DJO Cross Fellowship Award**

Institution Name \_\_\_\_\_

**Detailed Budget.** Fellowship grant funds may only be used for direct fellowship training expenses: specifically, the fellow's salary and benefits; research expenses; educational expenses; licenses; malpractice insurance; etc. The grant may not be used for indirect costs.

*Please provide justification for each budget category. Use continuation pages as needed. Fellowship grant funds may not be used for indirect costs.*

**Personnel expenses**

(salary and fringe benefits)

Grant is intended to fund salary and benefits first.

\_\_\_\_\_

**Research Expenses**

\_\_\_\_\_

**Educational Expenses - Please list**

(travel and registration fees to nationally recognized meeting/courses, books)

<u>Expense Type</u>	<u>Description</u>	<u>Amount</u>
_____	If OTHER, please describe _____	_____
_____	If OTHER, please describe _____	_____
_____	If OTHER, please describe _____	_____
_____	If OTHER, please describe _____	_____
_____	If OTHER, please describe _____	_____

**Other Expenses - Please list**

**(license, malpractice insurance, etc.)**

<u>Expense Type and Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**TOTAL FELLOWSHIP BUDGET** \_\_\_\_\_

Total actual cost of training this fellow if not included above \_\_\_\_\_



**BUDGET CONTINUATION PAGE  
for the  
DJO Cross Fellowship Award**

Institution Name \_\_\_\_\_

**ADDITIONAL BUDGET INFORMATION**



**VII. Conflict of Interest Disclosure Form for Applicants  
for the  
DJO Cross Fellowship Award**

Institution Name \_\_\_\_\_

**THE COMPLETION OR SUBMISSION OF THIS DISCLOSURE IN NO WAY GUARANTEES FUNDING**

To help ensure the independence of the decisions made by DJO and its relevant committees in connection with the awarding of grants to support research and education in orthopaedics, the applicant ("Applicant") must submit to DJO this Conflict of Interest Disclosure Form.

**DISCLOSURE**

1. Please indicate whether, to the best of your knowledge, the Applicant has a financial or any other relationship with DJO (or any affiliate or subsidiary) or any member of DJO's Sales or Marketing management team (other than as a customer of DJO). A financial or other relationship may arise based upon payments for, including without limitation, services rendered (consulting), honoraria, other fees, or any other benefit provided by DJO to applicant or applicant's representative in the past twelve months.

Name of Institution's Representative with DJO Relationship (include title)	Type of Relationship (e.g., consulting, honoraria)	Amount	Member of Program Faculty? (Y/N)

2. Please indicate whether, to the best of your knowledge, DJO or DJO representative, will receive a direct financial benefit from the approval of the application under review.  Yes  No

Name of DJO Representative	Describe Potential Benefit Received From Application Approval

In the event that there is a financial relationship between DJO or a DJO representative and Applicant that is not addressed here please check this box and provide all details (name, type of financial relationship, compensation or other amount) on additional pages.

**Certification**

I hereby certify, on behalf of the Applicant, that this Conflict of Interest Disclosure Form ("FORM") accurately sets forth all of the known relationships between the Applicant and DJO and/or any DJO representative and that I have completed this Form fully and accurately in all respects.

**CONFLICT OF INTEREST SIGNATURE (must be signed by Fellowship Program Director or Department Chair)**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_

Printed Name \_\_\_\_\_