**DEPARTMENT OF**

**PAEDIATRICS**

## S:\Paeds\CHRI\Administration\Stationary (letterhead, fax, etc.)\NewBrandCHRI2015\CHRI-LOGOS\without_PosState\CHRI jpg\CHRI Logo CMYK.jpg

**TRANSLATIONAL RESEARCH**

**GRANT FUND (TRGF) - 2020**

# GRANT APPLICATION – Deadline:

# 4:30pm - Friday, October 25, 2019 (NO EXCEPTIONS)

|  |  |
| --- | --- |
| Principal Investigators:ClinicalClick here to enter text. | Email:Click here to enter text. |
| BasicClick here to enter text. | Email:Click here to enter text. |
| Division CHRI member is appointed to:Click here to enter text. |
| Co-Investigators:Click here to enter text. |
| Title of Project:Click here to enter text. |
| Amount of Funds Requested:$  |

Location of Research Study: Click here to enter text.

Has ethics approval been received:

Research Ethics Board Approval:

YES[ ]  NO[ ]  Applied for: Click here to enter text. N/A[ ]

University Council on Animal Care Approval:

YES[ ]  NO[ ]  Applied for: Click here to enter text. N/A[ ]

\*funds will not be released until approval has been received.

**SIGNATURES:** This application MUST be signed by the following:

|  |  |
| --- | --- |
| Applicant:Click here to enter text.Date: Click here to enter text. | CHRI Division Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: Click here to enter text.Date: Click here to enter text. |
| Applicant:Click here to enter text.Date: Click here to enter text. | Clinical Department Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: Click here to enter text.Date: Click here to enter text. |

1. List other funds (a) applied for, and (b) received for all current research projects. Give agency, amount, and title of projects. Include funds from other trust funds. All applications must be indicated, whether or not they have been approved.

|  |  |
| --- | --- |
| a) Funding Applied for: | Applicant name: |
| Agency:Click here to enter text. | Amount:$  | Title:Click here to enter text. | Click here to enter text. |
| b) Funding Received: | Applicant name: |
| Agency:Click here to enter text. | Amount:$  | Title:Click here to enter text. | Click here to enter text. |

2. Describe plans for obtaining future funding for this project.

|  |
| --- |
| Click here to enter text. |

3. Please state reason(s) for your request for funds and explain why these cannot be obtained from current research funds or other sources.

|  |
| --- |
| Click here to enter text. |

1. Describe how this project will benefit children’s health.

|  |
| --- |
| Click here to enter text. |

1. Outline your role as applicant and the role of each of the co-investigators.

|  |
| --- |
| Click here to enter text. |

1. Provide a ½ page explanation on how your research is going to bridge the gap between basic biomedical and clinical or population health.

|  |
| --- |
| Click here to enter text. |

1. Please attach a mini curriculum vitae for applicant describing appointments and publications for **last 5 years only**. (Do NOT include abstracts, lectures, presentations, etc.)  **MAXIMUM** - 3 pages. APPENDIX “B”

8. Please provide an outline of the research on not more than THREE (3) attached pages using a 12 pitch font (APPENDIX “C”), single spaced. The outline should include:

 1) purpose of the research

 2) background information

 3) hypothesis and formulation of the objective

 4) experimental plan or design, explain the respective roles of the two applicants

 5) expectations

6) possible pitfalls

7) data analysis

9. Please provide a one-paragraph summary of the project in lay language.

|  |
| --- |
| Click here to enter text. |

**APPENDIX A – CHRI/DEPT. OF PAEDIATRICS**

**TRANSLATIONAL RESEARCH GRANT FUND (TRGF)**

# PROPOSED BUDGET

Name of Principal Investigators: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide estimates for a FULL YEAR. Amounts must be in Canadian funds.

|  |  |  |
| --- | --- | --- |
| RESEARCH STAFF | FTE | Amount |
| TechniciansClick here to enter text. | Click here to enter text. | $  |
| Other (please specify)Click here to enter text. | Click here to enter text. | $  |

|  |  |  |
| --- | --- | --- |
| RESEARCH TRAINEES | FTE | Amount |
| Postdoctoral FellowsClick here to enter text. | Click here to enter text. | $  |
| Graduate StudentsClick here to enter text. | Click here to enter text. | $  |
| Summer StudentsClick here to enter text. | Click here to enter text. | $  |

|  |  |
| --- | --- |
| MATERIALS, SUPPLIES AND SERVICES | Amount |
| EquipmentClick here to enter text. | $  |
| AnimalsClick here to enter text. | $  |
| ExpendablesClick here to enter text. | $  |
| ServicesClick here to enter text. | $  |
| Other (please specify)Click here to enter text. | $  |

TOTAL REQUEST: $

**ATTACH BUDGET JUSTIFICATION.**