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## CHILDREN’S HEALTH RESEARCH INSTITUTE

**INTERNAL RESEARCH GRANT FUND 2020**

# GRANT APPLICATION – Deadline: Thursday, April 9, 2020

Not later than 4:30pm (**NO EXCEPTIONS**)

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| --- | --- |
| Principal Investigator:  Click here to enter text. | Mailing Address/Phone/Fax:  Click here to enter text. |
| CHRI Program:  Click here to enter text. | Email:  Click here to enter text. |
| Co-Investigators:  Click here to enter text. | |
| Title of Project:  Click here to enter text. | |
| Amount of Funds Requested:  $ | |

Application for Graduate Student Support? YES NO

Location of Research Study: Click here to enter text.

A current ethics approval form attached:

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

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

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

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

|  |  |  |
| --- | --- | --- |
| b) Funding Received: | | |
| Agency:  Click here to enter text. | Amount:  $ | Title:  Click here to enter text. |
| Start Date: Click here to enter text. | | End Date: Click here to enter text. |
| Agency:  Click here to enter text. | Amount:  $ | Title:  Click here to enter text. |
| Start Date: Click here to enter text. | | End Date: Click here to enter text. |

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

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| 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. In the case of stipend support for trainees, indicate where matching funding will be obtained

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| Click here to enter text. |

1. Describe how this project will benefit child health.

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| Click here to enter text. |

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

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| Click here to enter text. |

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

7. Describe progress of last CHRI IRGF-supported project (if applicable). If progress report has already been submitted to CHRI, please attach a copy.

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| Click here to enter text. |

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

5) expectations

6) possible pitfalls

7) data analysis

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

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| Click here to enter text. |

1. If this is an application for support of a graduate student, please complete **Appendix “D”.**

**APPENDIX A**

**CHILDREN’S HEALTH RESEARCH INSTITUTE**

**INTERNAL RESEARCH GRANT FUND (IRGF)**

# PROPOSED BUDGET

Name of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- | --- |
| RESEARCH STAFF | FTE | Amount |
| Technicians  Click 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 Fellows  Click here to enter text. | Click here to enter text. | $ |
| Graduate Students  Click here to enter text. | Click here to enter text. | $ |
| Summer Students  Click here to enter text. | Click here to enter text. | $ |

|  |  |
| --- | --- |
| MATERIALS, SUPPLIES AND SERVICES | Amount |
| Equipment  Click here to enter text. | $ |
| Animals  Click here to enter text. | $ |
| Expendables  Click here to enter text. | $ |
| Services  Click here to enter text. | $ |
| Other (please specify)  Click here to enter text. | $ |

TOTAL REQUEST: $

**BUDGET JUSTIFICATION**

**APPENDIX D**

**APPLICATION FOR SUPPORT OF A GRADUATE STUDENT**

1. Please attach curriculum vitae, academic records of the student.

2. Indicate the role the student will play in the proposed research.

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| Click here to enter text. |

3. Provide the names of his/her advisory committee (if known).

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| Click here to enter text. |

4. Provide an outline of your service on student supervisory and/or examining committees for the last 5 years. Specify the number of Masters, or PhD students who had their training with you.

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| Click here to enter text. |

5. Outline plans for obtaining future funds.

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| Click here to enter text. |

6. Why are funds requested from the CHRI IRGF rather than a faculty department or external source?

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| Click here to enter text. |

7. Sponsors’ Letters of Support for Graduate Student:

Please attach letters of support from two sponsors for this student.

**Instructions for sponsors:** Please indicate the period of time and in what capacity you have known the candidate. Elaborate on the candidate’s performance during research training. Please provide specific examples of behaviour with respect to the following: critical thinking, independence, perseverance, originality, organizational skills, interest in discovery, and research ability.