

**SCIENTIST INNOVATION GRANT 2020**

**GRANT APPLICATION – Deadline: 4:30pm - Friday, June 12, 2020 (NO EXCEPTIONS)**

Submit electronically **a completed grant application form, with signatures,** together **with a cover letter from PI** briefly describing the grant to:

Christine Koustrup

Administrative Coordinator, Children’s Health Research Institute, LHSC-VH A5-103 [Christine.koustrup@lhsc.on.ca](mailto:Christine.koustrup@lhsc.on.ca)

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| --- | --- |
| **Principal Investigator (PI)**: Click here to enter text. | **E-mail**: Click here to enter text. |
| **PI’s CHRI Division**: Choose an item. | |
| **Co-PIs**: Click here to enter text. | |
| **Title of Project**: Click here to enter text. | |
| **Amount of Funds Requested for Year 1**: $ | |

**Location(s) of Research**: Click here to enter text.

**Ethics approval:** Funds will not be released until approval has 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

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

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| **Principal Investigator (PI):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  **Name**: Click here to enter text. **Date**: Click here to enter text. | **CHRI Division Chair of PI:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  **Name**: Click here to enter text. **Date**: Click here to enter text. |

**APPLICATION**

**FUNDING APPLIED FOR AND RECEIVED**

1. List other funds (a) applied for and (b) received for the current research project only.

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

**APPLICATION DETAILS**

1. **Summary of the project/initiative** (maximum one page).

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| Click here to enter text. |

1. **Summary of the project/initiative in lay language** (maximum 250 words).

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| Click here to enter text. |

1. **Research Proposal**: Describe a brief background, rationale, hypothesis(es), the need(s) being addressed, overall objectives of this project/initiative, a detailed description of the research proposal including research strategies and methodologies, and the expected outcomes of the research proposal. (**Maximum 5 pages using 12 pitch font, single spaced, excluding references; appendices may be added as APPENDIX A**).

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1. Describe how the multidisciplinary team will collaborate and be cohesive. Describe the role of each of the Co-PI and Collaborator, and their critical contribution to the success of the proposal. (maximum one page)

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1. Describe the importance of your project/initiative to children’s health (maximum 250 words).

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1. Describe how your research project/initiative supports the mandate and goals of the Children’s Health Research Institute and the Children’s Health Foundation (maximum one page).

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1. What are the intended outcomes and indicators of your project/initiative that will have high impact on diagnosis, therapy or delivery of healthcare to children? (maximum one page)

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1. Describe the potential to attract donor support towards partial or full funding of the project. Include, if any, patient engagement in creating this program/initiative, describe local, regional, national or international individual(s), organization(s) or industry that may be interested in contributing to this project/initiative. (maximum one page)

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| Click here to enter text. |

**APPENDIX A – Additional information in support of the research proposal**

Maximum of 5 pages of preliminary data or research information in support of the research proposal.

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| Click here to enter text. |

**APPENDIX B – BUDGET**

**PROPOSED BUDGET (YEAR 1)**

Provide estimates in CAD for a FULL YEAR.

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| **Scientist Innovation Grant: Budget** | | | | |
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|  | **2020-2021  Budget** | | **Partner Funding** | |
| **RESEARCH STAFF** | **FTE** | **Amount** | **FTE** | **Amount** |
| Technicians |  |  |  |  |
|  |  |  |  |  |
| Other (please specify) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subtotal** | 0 | $0 | 0 | $0 |
|  | | | | |
| **RESEARCH TRAINEES** | **FTE** | **Amount** | **FTE** | **Amount** |
| Postdoctoral Fellows |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Graduate Students |  |  |  |  |
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| Summer Students |  |  |  |  |
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|  |  |  |  |  |
| **Subtotal** | 0 | $0 | 0 | $0 |

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|  | **2020-2021  Budget** | | **Partner Funding** | |
| **MATERIALS, SUPPLIES AND SERVICES** | **FTE** | **Amount** | **FTE** | **Amount** |
| **Equipment** |  |  |  |  |
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| **Animals** |  |  |  |  |
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| **Expendables** |  |  |  |  |
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| **Services** |  |  |  |  |
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| **Other (please specify)** |  |  |  |  |
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| **Subtotal** | 0 | $0 | 0 | $0 |
| **TOTAL** | 0 | $0 | 0 | $0 |

**TOTAL REQUEST: $**

**PROPOSED BUDGET (YEAR 2)**

Provide estimates in CAD for a FULL YEAR.

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|  | **2021-2022 Budget** | | **Partner Funding** | |
| **RESEARCH STAFF** | **FTE** | **Amount** | **FTE** | **Amount** |
| Technicians |  |  |  |  |
|  |  |  |  |  |
| Other (please specify) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subtotal** | 0 | $0 | 0 | $0 |
|  | | | | |
| **RESEARCH TRAINEES** | **FTE** | **Amount** | **FTE** | **Amount** |
| Postdoctoral Fellows |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Graduate Students |  |  |  |  |
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| Summer Students |  |  |  |  |
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| **Subtotal** | 0 | $0 | 0 | $0 |

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|  | **2021-2022 Budget** | | **Partner Funding** | |
| **MATERIALS, SUPPLIES AND SERVICES** | **FTE** | **Amount** | **FTE** | **Amount** |
| **Equipment** |  |  |  |  |
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| **Animals** |  |  |  |  |
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| **Expendables** |  |  |  |  |
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| **Services** |  |  |  |  |
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| **Other (please specify)** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subtotal** | 0 | $0 | 0 | $0 |
| **TOTAL** | 0 | $0 | 0 | $0 |

**TOTAL REQUEST: $**

**BUDGET JUSTIFICATION**

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| Click here to enter text. |

**APPENDIX C – CURRICULUM VITAE**

Include CIHR Academic Common CV of Principal Investigator and co-PI(s). *CVs of Collaborators are not required.* Collaborators should submit a letter of collaboration clearly identifying their role(s) in the project/initiative. If requesting for trainee support, please include a two-page CV of each trainee.