

Name of Applicant

Signature

Date

HEALTH SCIENCES CENTRE FOUNDATION HSCF-1
SUGGESTED EXTERNAL REVIEWER FORM
ATTACH TO THE ORIGINAL ONLY
DO NOT ATTACH THIS FORM TO COPIES OF THE APPLICATION

Name of
Applicant: _____

Reviewers: 1) Please suggest three (3) suitable external reviewers. These individuals should be knowledgeable in your field of research. They should not be current or former collaborators, nor former supervisors, students or postdoctoral fellows.

2) Reviewers other than those suggested by you may be used; if there are individuals to whom you do not wish your application to be sent please provide their names in a covering letter.

PROVIDE COMPLETE MAILING ADDRESSES: Area of Expertise

1. Name _____

Address _____

tel: _____ fax: _____ e-mail: _____

2. Name _____

Address _____

tel: _____ fax: _____ e-mail: _____

3. Name _____

Address _____

tel: _____ fax: _____ e-mail: _____

**HEALTH SCIENCES CENTRE FOUNDATION
ALLIED HEALTH RESEARCH GRANT APPLICATION**

6. PROPOSAL HIGHLIGHTS-MANDATORY

(a) Provide a brief description of project in lay terms.

Lay Summary (100 words)

(b) Relationship of proposal to the Foundation's funding priorities

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7. Total Funds Requested: _____ Applicant (s) name:

BUDGET		
Personnel (includes hours per week or EFT, benefits, rate of pay, etc..)		
Individuals	Time Commitment	\$
Supplies (includes laboratory tests, etc.)		
Item	Volume/# required	\$
Equipment		
Item	\$	
Other		
Item	\$	
TOTAL	\$	

8. Name and address of the Institution(s) where each phase of the project will be carried out:

9. Any grant provided by HSCF and administered through the HSC must adhere to the HSC Specific Account policy and procedure. Name and title of the Account Administrator and fund signatories*:

* Required Field

**HEALTH SCIENCES CENTRE FOUNDATION
ALLIED HEALTH RESEARCH AWARD APPLICATION**

10. RESEARCH OPERATING FUNDS - ALL FUNDING RECEIVED OR APPLIED FOR MUST BE DECLARED. *Indicate any funds you (a) presently hold, (b) have requested or are intending to request for the support of your proposed research program. Show all sources: granting agencies, university funds, private foundations, etc. In the case of grants shared with other investigators, indicate the total sum, and, if possible, the portion available for your use in the present project. Indicate % overlap with current application. Where overlap exists, provide on a separate page, an explanation of the extent of overlap.*

(a) FUNDS RECEIVED OR TO BE RECEIVED:

Agency	Amount(p.a.)	Period of support	% of time	% overlap
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(b) FUNDS APPLIED FOR OR ABOUT TO BE APPLIED FOR:

Agency	Amount(p.a.)	Period of support	% of time	% overlap
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APPEND COPIES OF SUMMARY AND BUDGET PAGES FOR ALL FUNDS RECEIVED OR APPLIED FOR.

**HEALTH SCIENCES CENTRE FOUNDATION
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11. SPECIAL CIRCUMSTANCES AFFECTING RESEARCH (OPTIONAL)

You may wish to discuss your career, research experience, and education as they relate to the application.

12. PUBLICATIONS

Total Number (excluding abstracts) _____

List your publications for the last five years and separate them in the following categories: refereed papers published or in press, refereed papers submitted (give journal) and non-refereed papers published or in press (DO NOT INCLUDE PAPERS IN PREPARATION IN YOUR LISTING) Abstracts, if listed, should be clearly identified as such.

USE ADDITIONAL PAGES IF NECESSARY